

**TRINITY PRESBYTERIAN CHURCH**  
**Permission Slip and Waiver of Responsibility**

ACTIVITY: Ridgehaven 2024

A children's or youth group from Trinity Presbyterian Church is going to Ridgehaven in Brevard, NC  
on: Friday, January 12, 2024  
and returning Monday, January 15, 2024

In consideration of the benefits to be derived, and in view of the fact that participation is voluntary, and having full confidence that reasonable precautions will be taken to ensure the safety and well being of my Child, namely:

\_\_\_\_\_

on the activity named above, I agree to his or her participation and waive and release all claims against Trinity Presbyterian Church and against the leaders of this trip, officers, agents, and representatives of Trinity Presbyterian Church.

In the event of an emergency, the chaperone of the activity named below has my permission to obtain medical treatment for this Child at the nearest hospital or doctor, at my expense, if our own doctor is not readily available.

Name of Student \_\_\_\_\_

\_\_\_\_\_  
(signature of parent or guardian)

\_\_\_\_\_  
(date)

**EMERGENCY INFORMATION**

During the activity listed above, I can be contacted at the following phones and will accept long distance calls:  
( ) \_\_\_\_\_; ( ) \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in this activity \_\_\_\_\_

\_\_\_\_\_

This Child is highly allergic or sensitive to: \_\_\_\_\_

\_\_\_\_\_

What, if any, medication is this Child taking? \_\_\_\_\_

\_\_\_\_\_

Any special instructions for this medication? \_\_\_\_\_

\_\_\_\_\_

Do you want the Chaperone to carry the medication? Yes\_\_\_ No\_\_\_

Use the back of this form for additional information and for explanation of any other problems the activity leader should be aware of.

Date of the latest or last tetanus shot/booster: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION:**

Company: \_\_\_\_\_

Policy no.: \_\_\_\_\_

(Control No. if group policy): \_\_\_\_\_

Other: \_\_\_\_\_