

# TRINITY PRESBYTERIAN CHURCH

## Permission Slip and Waiver of Responsibility

ACTIVITY: RYM Middle School 2024

A children's or youth group from Trinity Presbyterian Church is going to **RYM in Panama City Beach, FL on Monday, June 24, 2024** and returning **Friday, June 28, 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 of Guardian**

**Date**

## Emergency Information

During the activity listed above, I can be contacted at the following phone number 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?

Date of the latest or last tetanus shot/booster:

## Medical Insurance Information

Company:

Policy no.:

(Control No. if group policy):

Other: