

First Presbyterian Church
200 West Washington Street
Greenville, South Carolina 29601-2639

VBS DAY MISSIONS June 13 – 16, 2011

Release form for off site missions (completed 4th – 12th grade only)

I give permission for my child _____ to participate in the local Day Missions within Greenville, SC. The Undersigned _____, parent of legal guardian of _____, a child in attendance at functions of First Presbyterian Church, does hereby grant permission for said child to participate in all activities, trips, and programs in connection with First Presbyterian Church. I hereby acknowledge that my child is physically fit and capable of participating in all such activities. Transportation arrangements will be made under authorization of First Presbyterian Church and the trip will be under adult supervision. Since the activity, trip or program is arranged for the benefit of the participants, **it is understood that First Presbyterian Church, it's employees, and adult supervisors and volunteers will exercise caution, judgment, and care, but cannot be held responsible in case of accident, injury, and loss or damage of property in connection with the activity, trip or program, and the undersigned will hold them harmless from all such claims.**

The undersigned further agrees to admonish the child participant to exercise care, to be well behaved and in all things to be obedient to and under the direction and control of those adults in charge. The undersigned also further agrees to inform the church immediately of any changes in the information presented on the release form. This release form is valid for the period mentioned above or until revoked by the undersigned.

Signature of Parent/Legal Guardian

Date

Address & Zip Code

Home Phone

Work Phone

Mobile Phone

- I hereby authorize the adult supervisors and any licensed physician permission to take all emergency steps that may be deemed necessary in case of an accident. As parent or guardian I hereby give my permission for emergency medical treatment for my child in the event I cannot be reached for authorization.

Signature of Parent/Legal Guardian

Date

- Name of child's Doctor _____ Phone _____

Insurance Company

Policy Number

Phone Number

- Please list any important medical information below (allergies, food allergies, medications, bee sting reactions, medical conditions, etc.)

In case Parent of Legal Guardian cannot be reached:

Emergency contact name

Phone Number

Relationship to child