

**CENTRAL DISTRICT CONFERENCE**

**Annual Meeting , June 23-26, 2022, College Mennonite Church, Goshen, Indiana**

***Field Trip/Medical Release Parent Permission***

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

**PARENT INFORMATION**

Parent/Guardian \_\_\_\_\_ Phone (c) \_\_\_\_\_ (H) \_\_\_\_\_  
(W) \_\_\_\_\_ Email \_\_\_\_\_ Emergency \_\_\_\_\_  
Contact \_\_\_\_\_ Phone (c) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Email \_\_\_\_\_

**HEALTH INFORMATION**

***Allergies***

Does your child have any allergies?  Yes  No If yes, List:  
Please explain symptoms/treatment needed:

***Asthma***

Does your child ever experience symptoms of asthma?  Yes  No If yes, explain usual symptoms and any treatment needed:

***Medication***

Does your child require prescribed medication?  Yes  No List medications and dosages:

***Health Concerns/Physical Impairments***

Please note any physical impairments, health concerns, special accommodations, etc. needed for your child.

**Anything else children's staff should be aware of**

I give permission for my child to travel to **the activities listed in the schedule of activities**. I give the caregiver(s) permission to provide first aid and/or carry out any of the above procedures needed during field trip hours. In the event of serious illness or injury on the trip, I also authorize caregivers to transport my child to the nearest medical facility for treatment, or call the ambulance if it is deemed necessary. I understand that any financial responsibility for emergency treatment/transportation is the responsibility of the parent/guardian.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Caregivers: Please take completed forms along on field trip & keep on hand while at the conference site.**