

CENTRAL DISTRICT CONFERENCE

Annual Meeting , June 22-24, 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. Please be specific.

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.