A close up of a logo

Description generated with very high confidence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Activity)

|  |  |  |
| --- | --- | --- |
| When: | *Where:* | *What To Bring:* |
|  |  |  |
| Questions call: Eva 840-5225 or Priscilla 403-9594 | | |

**Cut & Keep**

Student Name

Parent/Guardian Name

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, being parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby consent to their participation in ***Armory Church*** excursion. My contact #:\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

**EMERGENCY CONTACT INFORMATION**

Student Name

In case of an emergency, I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive any/all necessary emergency medical treatment. I also agree to pay for any damages caused by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during this event. If I am called to pick up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ due to disciplinary problems, I assume full responsibility to transport them home. I do here by release Armory Church, along with; their staff and/or the Armory Church volunteers from any liability whatsoever arising out of any injury, damage, or loss, which may occur by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ involvement while on this excursion.

Student Name

Student Name

Student Name

# MEDICAL INFORMATION

Health Conditions/Medications/Allergies/Helpful Information **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Insurance Provider **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy** # **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Group # \_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In the event that I cannot be reached, please call the following emergency contact person(s):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian's Signature) (Date)