

South Church in Andover, United Church of Christ
STUDENT INFORMATION and PERMISSION SLIP
Spring 2012 South Carolina Mission Trip

I hereby consent to have my child(ren) _____

Attend the South Church Spring 2012 Mission Trip

At Stono Baptist Church, Johns Island, South Carolina

On Friday, April 13th to Sunday, April 22nd

I am releasing South Church and/or any adults who are leading, directing, chaperoning, managing, transporting, or who are in any other manner responsible for the trip from any and all liability for accidental injury to my child(ren) whatsoever.

Signature of parent/Guardian: _____

Emergency phone numbers:

Day _____ Evening _____

Other contacts if parent(s) are unavailable: _____

Phone _____

Medical Insurance Information:

Insurance Carrier Name: _____

Policy Holder Name: _____

Policy Number: _____

Additional information (physician's name, allergies, recent illness or injury, etc.)

Child(ren)'s full name and Date of Birth: _____

Address: _____ City/State: _____

Phone number: _____ email: _____

T-Shirt: (circle) **AS** **AM** **AL** **AXL** **AXXL**

I hereby authorize any medical professional to provide any and all emergency care that may be required as a result of any medical injury or illness that may have befallen my child.

Signature:

Date: