

South Church in Andover, United Church of Christ
STUDENT INFORMATION and PERMISSION SLIP
Spring 2010 South Carolina Mission Trip

I hereby consent to have my child(ren) _____

Attend the South Church _____ Spring 2010 Mission Trip _____

At Rural Missions, John's Island, South Carolina _____

On Friday, April 16th to Sunday, April 25th _____

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:

Carrier Name _____

Policy holder name: _____ Soc. Sec. Number: _____

Child(ren)'s Soc. Sec. Number _____

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: