

**First Presbyterian Church, Inc.
107 West Academy Street
Cherryville, NC 28021**

_____ has my permission to go with First Presbyterian Church to
(child's name)
_____ on _____.
(trip destination) (date of trip)

I/We as parent(s)/guardian(s) of this participant will not hold First Presbyterian Church, Inc. of Cherryville, North Carolina, the counselors, or bus driver(s) or any other leader responsible for any injury that might occur while on this trip. We also give our permission for EMERGENCY MEDICAL TREATMENT to be administered to our child in case of a medical emergency/accident.

_____ signature of parent(s)/guardian(s) _____ Date

(Home/Cell/Work Phone Number)

If the above parent/guardian can not be reached in case of an emergency, please give the name and phone number of two (2) other persons to contact.

Please list any allergies this person has and list any medications this person is presently taking.

Medical Insurance Provider _____ Policy Number _____