

# Living Word Chapel

## FIELD TRIP/EVENT RELEASE & HEALTH FORM

2746 State Road 64, Emerald, WI 54013 (715) 265-4810

Event Name: \_\_\_\_\_ Date: \_\_\_\_\_

Event Location: \_\_\_\_\_

Student's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Teen's Cell# (\_\_\_\_\_) \_\_\_\_\_ Parent's Cell# \_\_\_\_\_

Put me on the youth event email list Email: \_\_\_\_\_

Put me on the youth event "text" me list. Cell's Service Provider: \_\_\_\_\_

Parent(s)/ Legal Guardian Name: \_\_\_\_\_

(Legal guardian does not mean aunt or uncle or grandparents can sign, unless they have legal custody.)

Parent(s) Email: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_

Health evaluation (to be completed by parent or guardian)

1. Should any drug be avoided or taken? \_\_\_\_ Yes \_\_\_\_ No

If yes, please specify \_\_\_\_\_

2. Special problems, allergies, etc. \_\_\_\_\_

3. In case of surgical emergency I here by give permission to the Physician selected by the Adult Supervisor(s) to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my son or daughter, as named above. I do release form responsibility, in case of injury, the Adult Supervisors and / or Living Word Chapel.

And by signing this form, I also understand that I am granting permission for my son or daughter, named above, to attend this field trip/event.

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date