

New Providence Baptist Church Mission Trip Permission Form

Student/Participant Name _____ Date of Birth _____ Sex _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Work/Cell Phone _____ Work/Cell Phone _____

Date of Event/Field Trip 6/08 - 06/13/2010 **Student Cost** \$150.00 (plus any spending money)

Destination Central Florida Area, to include Groveland, West Orange County, Orlando, and Disney World

Individual(s)/ in Charge Rodney Mitchell, Kimberly Mitchell, & parents of host homes

Estimated Time of Departure June 8, 2010 – 7:30 a.m. **Return** June 13, 2010 – 11:00 p.m.

Mode of Transportation To & From Event/Field Trip Dominion Christian School 16 passenger van

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Name Relationship Phone Number

HEALTH INFORMATION:

Medication my child is taking at present _____

For headache or minor pain, my child may be given _____

Allergies _____

Other Medical Conditions _____

Insurance Company _____ Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

I, _____, **GIVE PERMISSION FOR** _____
Parent or Guardian Name Child Name

TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT. I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify New Providence Baptist Church from any claims or law suits brought by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above.

I agree to drop my child off at the departure location at least 15 minutes prior to departure and to provide transportation home at my expense.

I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with all of the rules given by Rodney & Kimberly Mitchell while participating in the event. I understand that if my child violates the rules he/she may be required to be transported home at my expense.

Parent/Guardian Signature _____ Date _____