**EVENT PERMISSION FORM**

**Informed Consent Form/Indemnification Form**

**General Information** Date   
The is planning a trip for

Trip Destination Phone No.   
Address Place of Lodging \_   
We will leave from about (time) [ ] AM [ ] PM   
on (date) . We will return to the church on (day) (date)   
at about (time) [ ] AM [ ] PM [ ] Itinerary is attached. [ ] List of items needed is attached.

**Attending:** Number of Students [ ] Minimum Number of Adults [ ]

**Type of Transportation**

[ ] Church Vehicle [ ] Commercial Transportation [ ] Leader Vehicle [ ] Other (explain)

**Medical Information**

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

The following medications, prescriptions or special diets are needed:

**Medical Release**

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorized Cascade Park Baptist Church to secure emergency medical care as needed.

Name of Preferred Doctor Phone No.   
  
[I understand that Cascade Park Baptist Church does not purchase or have medical/dental/hospitalization insurance to cover injuries to or losses of life of pupils, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent or guardian.]Name of Insurance Carrier Policy No.   
  
Although I understand that Cascade Park Baptist Church will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. With this knowledge I expressly release and hold harmless the church, its employees, agents, or volunteer from any liability associated with this event.  
  
Being fully aware of the risks, I hereby give consent for (student)   
to participate in the activity.  
 Home Phone No.   
Parent Name Work Phone No.   
Home Address Emergency No.   
Signature of Parent/Guardian Date

[www.cpbc.org](http://www.cpbc.org) and www.facebook.com/unlimitedyouthministries