Faith Community Church

Youth Group Off-Site Trip

Permission Slip

I hereby authorize and give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Child’s Name), to participate in Faith Community Church Youth Group Off-Site Activities/Trips for the 2022-2023 year.

I understand that volunteer staff, chaperones and trip leaders will supervise my child while attending any off-site activity or trip that is organized by Faith Community Church staff or leaders.

I understand that my child will be transported in private vehicles of volunteers and/ or the Faith Community Church bus driven by a licensed driver/s.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature Date

Authorization for Emergency Treatment:

I hereby give permission to the supervisors and authorized drivers of church off-site activities / trips and other events of Faith Community Church to consent to x-rays, tests, treatment, anesthetic, medical or surgical diagnosis or treatment, and necessary transportation for my child. In the event of an emergency, if I cannot be contacted, I hereby give permission to the physician selected to administer treatment, including hospitalization for my child. I will pay the cost of any such medical procedures or treatment.

I hereby release and waive all claims against Faith Community Church, its employees, representatives and volunteer drivers and chaperones related to off-site activities/trips.

This permission form has been signed only after understanding and considering all the information set forth above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature Date

Are there any allergies, special needs or concerns that we should be made aware of? Yes No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Information:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Information (Emergency Contact #1)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_ Home Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Information (Emergency Contact #2)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_ Home Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give consent to use photos taken at youth events/functions that may contain images of my child to promote youth activities to be used on the Faith Community Church website, Facebook page or other social media outlets managed by FCC staff.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

**Faith Community Church**

**Youth Group Activities/Trips Coronavirus Waiver Form**

***Statement of Waiver of Liability and Assumption of Risk***

***Related to Coronavirus/COVID-19***

* I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child, myself, or any member of my family may be exposed to or infected by COVID-19.
* I also acknowledge that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, Church staff, volunteers, or other participants and their families who may be in attendance of activities/trips.
* I agree to assume all the foregoing risks regarding COVID-19, waive liability against Faith Community Church and any other listed parties, and accept sole responsibility for any COVID related illness, injury, disability, or death to me or my family, including all claims that may arise resulting from any of these.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date