FIELD TRIP

Parental/Guardian Consent Form and Liability Waiver

Participant's / Child's Name: _____ Birth Date: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

I, (Parent/Guardian) _____ , grant permission for my child, (Child's Name) _____, to participate in this field trip event that requires transportation. This activity will take place under the guidance and direction of employees and/or volunteers from Harvest Church.

(Name of Organizer)

A brief description of the activity follows:

Type of event: Busch Gardens Field Trip

Location of event: 1 Busch Gardens BoulevardWilliamsburg, VA 23185

Individual(s) in charge: Kristin Courts, Melinda Reaves

Date and time of departure: June 24th 8am return: June 24th 4:30

Mode of transportation to and from event: Chaperone vehicles

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend the Organizer its officers, directors and agents, and any other representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Organizer, its officers, directors and agents, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: Date: _____

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: _____

Relationship: _____ Phone : _____

Family Doctor: _____ Phone : _____

Family Health Plan Carrier: _____ Policy #: _____

Specific Medical Information:

The Organizer will take reasonable care to see that the following infor-mation will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations–Date of last tetanus/diptheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: