

ANNUAL PERMISSION SLIP

The undersigned, in consideration in the premises and the benefit flowing to the undersigned and to the child of the undersigned, hereinafter named, does hereby waiver any and all claims or rights of claims which the undersigned may have to account of any accident, injury, demise and/or damage which might be sustained by the child and/or children of the undersigned on account of said child being a participant in physical activity, a passenger or getting into or alighting from that certain bus or vehicle operated by the **Destination Church Locust Grove, Inc.**, any of its departments or divisions or current meeting locations, in Locust Grove, GA, but not limited to.

The undersigned does hereby consent to (*insert name in blank*): _____, to being a passenger in said bus and as such passenger going on and participating in trips and journeys made by said bus in connection with church-related activities and projects. This also waives any liability in which may incur at the location of church activities, off church property and those not limited to church property. This includes any trips to be taken and the location destination.

This consent and waiver is further intended to delegate to the person or persons in charge of and/or chaperoning any such trip, the right and authority to select such medical and/or hospital treatment as may be required under the circumstances then existing, and does hereby waiver upon any attending physician, then duly licensed to practice in the state in which such event might occur, such authority to render treatment, surgical or otherwise, as he, in his professional judgment may deem necessary. The authority herein granted shall not be limited to any accident, injury, death and/or damage which my child(ren) may sustain, but shall also include any illness and/or sudden attack which my said child(ren) may suffer during the course of any such trip or journey.

This consent and waiver shall continue in force and effect for the year of **January 1, 2020 through December 31, 2020**, or until revoked in writing and said revocation delivered to a proper official of the Destination Church Locust Grove, Inc.

The singular herein shall mean the plural, and the plural shall mean the singular which is applicable.

WITNESS HEREOF, the undersigned does hereby accept this agreement this		
	_____ day of _____ 20____.	
	<i>(date of month)</i> <i>(month)</i> <i>(year)</i>	
Signature	_____	print name: _____
Witnessed by	_____	print name: _____

Destination Church - CONSENT and MEDICAL INFORMATION

Personal Information

Date Filed: _____

Full Name: _____

Home Address: _____

Telephone #: ____ (____) _____ Email: _____

Emergency Contact Name: _____

Emergency Contact #: Home: (if different from above #) ____ (____) _____

Work: ____ (____) _____

Cell / Mobile: ____ (____) _____

Birthdate: ____ / ____ / ____

Medical Information

**PLEASE FILL OUT BELOW or ATTACH A COPY OF CURRENT INSURANCE CARD

**Medical ID # _____

**Name of Insured (Parental Provider): _____

**Insurance Carrier: _____

**Insurance Address: _____

**Insurance Customer Service Phone #: ____ (____) _____

Specific Allergies to medications or otherwise: _____

Blood-type (if known): _____

Special Medical conditions: _____

Other important information: _____

I, the undersigned do hereby authorize Destination Church Locust Grove, Inc., organization or Counselors / Chaperones, the adult leaders in whose care the said is entrusted as agents for the undersigned, do consent to any emergency treatment, X-ray examination, anesthetic, medical, surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act.

PARENT/LEGAL GUARDIAN

DATE

This form will be kept on file for the term of 1 (one) year from signed date.