

General Field Trip Permission Form

I give my permission for my child/ward \_\_\_\_\_ to attend the Unitarian Universalist Congregation of Columbus Indiana's ("UUCCI") sponsored events and field trips during the course of the 2009-2010 church school year, from this date until September 1, 2010.

I hereby give my complete and explicit permission for the child identified above to attend ALL events and field trips, even in the instance where a specific field trip permission form has NOT been returned to UUCCI with my signature. I understand that as a general practice UUCCI will notify me in advance of any such events and field trips through e-mail, the newsletter, or through a written notice given to this child to be conveyed to me.

I understand that UUCCI will not be held liable for any bodily injury incurred during any field trip, event or other UUCCI activity and hereby indemnify and relieve them of any such liability. I authorize the Religious Exploration Staff of UUCCI (paid or volunteer) to take any reasonable action designed to help ensure the safety, health and welfare of my child/ward, and absolve the staff of any liability relating to such actions.

Medical Authorization Form

I hereby authorize the Religious Exploration Staff of UUCCI (paid or volunteer) to take any reasonable action to obtain emergency medical care for the identified child, and absolve them of any liability for such action. I hereby authorize any emergency medical, surgical, diagnostic and hospital care, treatment, or procedures deemed immediately necessary or advisable by emergency medical technicians, a physician, or a hospital to safeguard my child/ward's health when I cannot be easily contacted. I also agree to be responsible for any medical expenses not covered by my insurance.

My child has the following allergies, dietary restrictions, or medical conditions:

\_\_\_\_\_  
Medications \_\_\_\_\_

In case of emergency, I can be reached at (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
or (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

If unable to reach me, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

I understand and agree that I may revoke this General Permission and Medical Authorization at anytime by delivering a written revocation to the UUCCI Chair of the Religious Exploration Committee, Amie Smith and a copy to the UUCCI Secretary. A copy of this Permission slip will remain on file in the UUCCI office at all times.

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