

# Culture Shift Student Ministries

Great Oaks Community Church  
*Parent Permission/Release Form*

## (Parents)

The following permission slip is for our **Turkey Run State Park Camping & Canoeing Trip** scheduled for **August 12-14, 2011**. If you have more than one high school student in Culture Shift, please fill out one form for each of your students. Cost for this trip is **\$35 for camping, canoeing, food & transportation**. Students will be provided with a list of items to bring.

## (Student Info)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

## (Insurance Info)

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## (Waiver)

I hereby release Great Oaks Community Church, it's staff and sponsors from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as an agent for me, to consent to any X-ray examination, medical, dental, surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice in the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted immediately.

## (Disciplinary)

I hereby authorize the staff and sponsors of Great Oaks Community Church to enforce rules and expectations for said above trip for listed student. These rules and expectations are in keeping with the desire to maintain a consistent and safe environment for all students participating in said event throughout the trip including travel and overnight accommodations when necessary. I understand that as the parent/legal guardian, I may be contacted regarding listed student's behavior that does not meet the expectations of the trip and may be, in some cases, required to provide transportation for my student home from an event.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

Emergency Phone Number (\_\_\_\_\_) \_\_\_\_\_

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## Medical Information

No medication, neither prescription, nor over the counter, will be given without the written permission of the parent of guardian.

Medical Concerns: (check all those that apply)

\_\_\_\_\_ Allergies \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy

Special Needs or Concerns (including allergies): \_\_\_\_\_

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

### Prescription Medication:

All prescription medication must be in the original container, labeled with the student's name, name of the medication, current dosage and time taken, physician's name and pharmacy name. All over the counter medication must be in the original container, labeled with the student's name, dosage, time, and purpose for which it is given. All medication will be collected prior to any trip.

Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Over the Counter Medication:

The following over-the-counter medications are typically on-hand at events. They may be administered as deemed necessary by the adult sponsors, unless otherwise advised. Please cross out (X) any that you do not want administered. Supplies may be generic.

Aspirin    Ibuprofen    Acetaminophen    Antibiotic Ointment    Visine    Swim Ear Drops  
Sudafed    Robitussin    Throat Lozenges    Itch Cream    Maalox    Midol

If it should become necessary, I give permission to the staff and sponsors of this event to administer the above non-prescription medications to my student.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Mother Name(s): \_\_\_\_\_

Cell/Work Phone: Father (\_\_\_\_\_) \_\_\_\_\_ Mother (\_\_\_\_\_) \_\_\_\_\_