



PERMISSION TO ATTEND TRIP/ PARTICIPATE IN ACTIVITY

Child's Name

I grant my permission for my child to attend and participate in

As part of my child's participation in this activity, I authorize, to the extent necessary to treat any injury or illness of my child as set out in the executed Annual Medical Form in the Medical and Surgical Authorization Waiver, Cedar Springs Presbyterian Church and its representatives, sponsors, and attending physicians to administer necessary first aid and emergency medicine for my child. All reasonable and prompt efforts will be made to contact me so that I may then assume responsibility for such medical decisions, but until such time, this authorization will permit Cedar Springs Presbyterian Church, its representative, sponsors, and/or attending physicians to make such decisions and I hold them harmless for any such decisions, including any claim for negligence or any other cause of action associated with the administration of first aid, emergency medicine, or authorization in accordance with the executed Medical and Surgical Authorization and Waiver.

I also assume any financial responsibility for any damage my child may cause, and for providing transportation home should it become necessary for disciplinary reasons.

I also give my permission to the Cedar Springs Presbyterian Church staff, its representatives, and the adult sponsors, and chaperones to search my child's personal belongings, including but not limited to all luggage, purses, and backpacks, if deemed necessary on rare occasion for security reasons.

Parent/Legal Guardian
Signature

Parent/Legal Guardian
Name

Date

Emergency
Phone Number