

**CARLISLE FIRST CHURCH OF GOD (Trip Permission Form)**

I give my permission for \_\_\_\_\_ to  
(name of student) (Birth date)

Accompany **EDGE** on a trip to **Ocean City Maryland** on **NOVEMBER 22-24, 2013** and abide by all church procedures that are outlined by the church leadership team.

I understand the transportation is by:  
Private Vehicle \_\_\_\_\_ Church Van \_\_\_\_\_  
The cost will be \$0 round trip per person.

Medication:

<sup>35</sup>/<sub>17</sub> Will not need any medication for the Trip/Activity \_\_\_\_\_ (initial)

<sup>35</sup>/<sub>17</sub> Will receive his/her medication from: \_\_\_\_\_. I have contacted This individual independently and I authorize this individual to administer the following required medication(s) to my child:

Medication:	Dose and Time of Administration
1. _____	_____
2. _____	_____

**All medication should be given to the designated chaparone prior to the field trip. The only exceptions to this rule are inhalers and Epipens (unless otherwise designated by parent/guardian), which, if appropriate forms have been handed in, may be carried by the student and are the responsibility of that student during the field trip.**

I hereby release, indemnify, and hold harmless the Carlisle First church of God from any and all liability for damages or injury resulting directly or indirectly from this authorization including any negligence on their part. I am aware that medications may be administered by personnel as I have designated. For this reason only pre-measured doses that I provide to the designee shall be administered. I understand that personnel authorized to administer medication pursuant to this authorization are not trained observers and therefore cannot observe for the development of symptoms prior to administration. I further understand that emergency medical services will always be notified when epinephrine is administered, whether or not the student manifests any symptoms of anaphylaxis.

**I have read the foregoing fully and completely understand the contents thereof. My signature on this document constitutes a complete waiver of liability for any and all claims of any kind, on my behalf as well as for the above named student, against the Carlisle First Church of God, their agents, servants or employees, arising out of the use, storage, administration or handling in any way of the prescribed medication(s) which is (are) listed on this authorization form.**

Parent/guardian's name: \_\_\_\_\_  
(w) phone (h) phone (c) phone

Parent/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_g

