

**Eastern Hills Community Church Youth Ministries
Permission Slip
and Medical Release
Form**

Everyone participating in any Eastern Hills Community Church Field Trip must sign this form.

Participant's Name _____

Street Address _____

City/State/Zip _____

Home Number _____ ; Work Number _____ Cell Number _____

Name of Activity: May 17-18, 2008 Pioneer Campout at Snow Mountain Ranch

By signing below, I recognize that in consideration of my voluntary participation in the above mentioned activity, a program of Eastern Hills Community Church, which is a charitable organization, I agree to release the church (including their officers, employees, members, and all other volunteers) from all liability whatsoever which may arise out of or be connected with participation in this event and all activities related to it.

Participant (if 18 years or older) _____ Date _____

Parent or Guardian (if participant is under 18) _____ Date _____

Authorization for Medical Treatment

As parent or guardian of _____, a minor, I hereby authorize, a Volunteer at EHCC, to act on my behalf in approving or agreeing to any necessary medical or dental treatment for my child.

Signed _____ Date _____

Parent/Guardian Insurance Company _____

Insurance Number _____

An attempt will be made to contact the parent or guardian before medical or dental treatment is given.

Phone numbers where parent/guardian can be reached: Day _____ Night _____