



Girls Day Out Event



YOUTH TRIP

Please complete this form that will allow your child to attend the youth event with us. For this event we will be going to Loco Burro and Build-a-Bear. We will leave the church following LifeGroups, 10:45 AM, on Sunday May 21st. This will be an all-day event, so we will not return to the church until 4:00PM. Your child will call/text when we are driving by the Powell Exit to give parents time to arrive at the church. **This event is completely free to your child!** Your child is welcome to bring extra money if she wishes to purchase anything extra while at West Town Mall.

Permission is granted for:

To attend this trip by **church van** on **May 21st, 2023**. Time of departure is **10:45 AM** and time of return is **4:00 PM**.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Address: _____

Phone #: _____

Emergency Phone #: _____

Please provide the information requested below, as it may be needed in case of an emergency. This information does not modify the information on the emergency card.

Student's DOB: _____

Allergies: _____

Conditions requiring special consideration (medical/physical): _____

Does your student require: (A) **Epipen** Yes No (B) **Inhaler** Yes No

Authorization to take pictures of your child to be posted to social media: Yes No

I, _____ will not hold First Baptist Church harmless for instances at Loco Burro or Build-a-Bear.

Primary contact name _____

Relationship to student: _____

Phone #: _____

Home Phone #: _____

Cell Phone #: _____

Secondary contact name _____

Relationship to student: _____

Phone #: _____

Home Phone #: _____

Cell Phone #: _____

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

HEALTH INSURANCE INFORMATION:

Company Name: _____

Policy #: _____

Group #: _____

Parent/Guardian Name: _____

Date: _____

(PLEASE PRINT)

Parent/Guardian Signature: _____