

Northside Baptist Youth Ministry  
Trip, Health, and Consent Form

**General Information**

Date \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birthday \_\_\_\_\_

Father's Work # \_\_\_\_\_ Mother's Work # \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Person to be notified in emergency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Medical Information**

I \_\_\_\_ do/\_\_\_\_ do not give my permission to the trip sponsors to administer medicine (such as Tylenol, Pepto Bismal, etc.) as necessary. Please indicate any medication you do NOT want your child to be given.

\_\_\_\_\_  
Please list any medical problem or condition that you feel may require special attention or the leadership should be made aware of. \_\_\_\_\_

**Parental Consent Form** (to be completed by parent or guardian)

I, \_\_\_\_\_, Parent or Guardian of \_\_\_\_\_ do hereby allow the above named student to attend All Youth Activities Between June 2009 and August 2010 with the Northside Baptist Youth (including those activities that require transportation.) I agree and consent to having the trip or activity sponsors, under whose direction the program is conducted, to secure any emergency medical care or treatment that may be necessary for my child during the entire trip. I further assume all responsibility for the decisions so made, and the emergency care of treatment so secured by my child.

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

Name of Medical Insurance Company \_\_\_\_\_

Address and Phone \_\_\_\_\_

Group and ID Number \_\_\_\_\_

Please list any other comments or pertinent information (such as food allergies) on the back of this form.