

PARENT PERMISSION AND TRANSPORTATION FORM

For the safety of our youth our church requires a signed Trip Permission/Transportation Form. Please provide the following information and return this form upon registration.

Name of Student:	Trip or Event 2007 KOC Annual Meeting
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Dates of Trip or Event September 28 - 30, 2007	Destination Marriott Hotel in Wichita, KS.
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- I give permission for my student to participate in the event described above.
 I give permission for the church to transport my student to the event described above.

Signature of Parent/Guardian	Date Signed:
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Signature of Trip Sponsor	Date Signed:
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MEDICAL TREATMENT RELEASE FORM

This signed Emergency Treatment will be kept on file in our church to facilitate a response to the health needs of students participating in our church's youth ministries programs. A copy will accompany our youth group when it goes on a field or overnight trip. The parent/guardian must complete this form if the student is a minor or is not legally responsible for him or herself. Please print legibly or type. Incomplete information on this form limits our ability to provide appropriate care for Student.

Student's name:	Height:	Weight:	Age:
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In case of emergency, notify:	Relationship to Student:
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Home phone:	Work phone:	Cell phone:
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Name of Student's Physician	Phone:
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Medication Allergies:

Emergency Treatment Authorization

In the event that I cannot be reached in an emergency or am injured myself, I hereby give my permission to the physician selected by the camp director/staff to hospitalize, secure proper treatment, and to order injection and/or anesthesia and/or surgery for my child or myself, as named above.

Signature of parent/guardian:	Date:
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Name of Insurance Company which covers Student:	Policy Number:
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