

New Hope Baptist Youth and Children Ministries  
Trip, Health, and Consent Form  
October 1, 20\_\_ to September 30, 20\_\_

**General Information**

Date: \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Birthday \_\_\_\_\_  
Father's Work # \_\_\_\_\_ Mother's \_\_\_\_\_

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

Person to be notified in emergency \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Medical Information**

I \_\_\_\_ do/ \_\_\_\_ do not give 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 and initial.

\_\_\_\_\_

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 child to attend \_\_\_\_\_  
with the New Hope Baptist Youth and/or Children Ministries (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 or treatment so secured by my child.

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

Name of Medical Insurance Company \_\_\_\_\_  
Address and Phone \_\_\_\_\_  
Group and ID Number \_\_\_\_\_