

**Permission for Trave & Medical Release Form**

By signing this, I, \_\_\_\_\_, give my child, \_\_\_\_\_, permission to travel with the Cabot Church of Christ Youth Group and participate in their various activities. I also give permission to the adult supervisors accompanying the youth group to seek emergency medical assistance for my child if they deem it necessary.

**I have read and accept the following statements:**

1. Travel with this group may include trips within and across the state lines of Arkansas.
2. I will keep the adult leaders informed of any medical conditions that my child might have, including allergies and current medications.
3. That this form is valid and in effect from the dat signed below. I also understand that this form will be used at various times and assumed as valid unless told differently by myself or another of my child's guardians.

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

Insurance Provider: \_\_\_\_\_

Group/Policy Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

**Please list any cerrent medical conditions and/or medications. Use the back of this form if necessary**