

Trip Destination \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS Number: \_\_\_\_\_

**MEDICAL INFORMATION:**

Does your teen have an allergic reaction to penicillin? \_\_\_\_\_ To bee stings, bites, etc.? \_\_\_\_\_

To other medicines? \_\_\_\_\_ If yes, which ones \_\_\_\_\_

Is there any medical information you feel we should have concerning your teen?

\_\_\_\_\_

**ALL MEDICINE MUST BE TURNED OVER TO THE SPONSORS BEFORE LEAVING!**

**EMERGENCY NUMBERS:**

Doctor's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Other ( ) \_\_\_\_\_

Place of Work \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Id# \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Other Numbers/info \_\_\_\_\_

\*Attendance at all outings is a privilege contingent upon the cooperation of each student. Holland Avenue Baptist Church is a Christian organization, and Christian standards of conduct, dress and attitude are expected from each student. Any student that does not follow instructions will be sent home at their Parent's expense.

I GIVE MY CONSENT FOR MY SON/DAUGHTER TO PARTICIPATE ON THE TRIP WITH Holland Avenue Baptist Church. When it is deemed necessary for my son/daughter's health, the leaders may have my son/daughter hospitalized or use outside medical, surgical, or dental aid, in which case all such expenses shall be paid for by me. I shall in no way hold Holland Avenue Baptist Church or its representatives responsible for any financial obligation.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTARY \_\_\_\_\_ COMMISSION EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_