

NINTH GRADE TRIP

Permission slip, Medical Information and Permission to Treat

This permission slip covers ALL gatherings: classes, fundraisers, retreats as well as the TRIP.

I hereby give my permission for _____ to attend all Ninth Grade Trip events whether traveling in the Bus or in private vehicles. I understand that the Trippers will be under competent adult supervision. All Trippers must be at least 14 years of age on or before the first day of the Trip. I understand that the Tripper's participation in the Trip is voluntary and that such participation potentially involves risks and obligations that are impossible to predict but which are beyond the scope of those normally associated with traditional church functions. These may include but are not limited to, the risk of loss or damage to personal property, and the risk of sickness, personal injury or death while participating. I exempt the churches, their employees and authorized volunteers from all claims arising from the student's participation in the Trip unless caused by actions for which the church would otherwise be liable under Colorado law. I also understand that any Tripper who does not abide by group rules may be returned home after the parent or guardian is notified. If this occurs while on the TRIP, the Tripper will be returned to their home city, at parent's expense, by way of public transportation.

Signature of Parent or Guardian

Date

PLEASE RETURN this form immediately to: Mitch Pingel, 275 Main St, Broomfield CO 80020.

Mitch can be reached at (303) 579-9868. Make checks payable to "UU 9th Grade Trip."

REGISTRATION INFORMATION

Name _____ Birthday _____
Parent/Guardian _____ Best Phone _____
Address _____ City _____ State _____ Zip _____
E-mail (parent) _____ (youth) _____
Church Affiliation (No abbreviations) (Is "FUC" Foothills or 1st Universalist?) _____

EMERGENCY NUMBERS for both day and night and for both parents:

Name _____ Day _____ Evening _____ Cell _____
Name _____ Day _____ Evening _____ Cell _____

If parents are not available, please contact:

Name _____ Phone _____ Email _____
Physician _____ Phone _____
Medical Insurance Co. _____ Ins. # _____

HEALTH HISTORY (check appropriate spaces)

Allergies: _____ Other: _____
____ Hay Fever ____ Asthma ____ Penicillin ____ Insect stings ____ Diabetes ____ Seizures
____ Other drugs (name) _____

S/he has the following health problems OR OTHER legal/medical/behavioral/activity issues _____ -
_____ and will be carrying the following medicinal drugs _____.

Failure to disclose any or all issues may result in the immediate removal of the participant from the trip list. I authorize any Responsible Adult to give first aid to my Tripper and to obtain emergency medical care by a Doctor or hospital if needed, and we cannot be reached. I agree to pay for expenses incurred.

[vegetarian vegan] Other dietary issues (specify) _____

I HAVE RECEIVED, READ AND UNDERSTAND THE BEHAVIOR EXPECTATIONS AND THE RULES FOR THE NINTH GRADE TRIP AND AGREE TO ABIDE BY THE TRIP COVENANT.

Signature of Parent/Guardian

Date

Signature of Tripper

Date