



222 W. El Pintado Rd.  
Danville, CA 94526  
925.837.5525

### Permission Letter for Minor to Travel

Trip Participant Name \_\_\_\_\_

Travel Location \_\_\_\_\_

Travel Dates \_\_\_\_\_

This is to be completed by all parent(s)/guardian(s) with legal custody of a minor going on the specified Community Presbyterian Church trip listed above. By signing below, the parent(s) or legal guardian(s) of the above named minor, hereby give permission for his/her travel to the location specified above and participation in all activities/events/programs taking place there during the dates noted. I/we agree to direct my child to cooperate and conform to directions and instructions of personnel responsible for all related travel/activities/events/programs. I/we also agree (initial all to indicate your agreement):

\_\_\_\_\_ I have read and or completed the medical information in my child’s application online at [www.cpcdanville.focusmissions](http://www.cpcdanville.focusmissions) and all information is correct and complete.

\_\_\_\_\_ In the event my child is injured as a result of his/her participation in the above-named activities/events/programs, including transportation to and from these activities, whether or not caused by the negligence (active or passive) of the activity or the church program, or any of its agents or employees; recourse for the payment of any hospital, medical , dental, or related costs and expenses will be paid either by me or my spouse, accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

\_\_\_\_\_ I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physical, surgeon, and dentist licensed under the Medical Practice Act and Dental Practice Act. As parent or legal guardian, I am responsible for the health care decisions of my child and am authorized to consent to services to be rendered, and no other consent is required by law.

\_\_\_\_\_ I hereby give permission to the physician selected by the activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician or dentist.

\_\_\_\_\_ I also understand that if at any time my child is behaving in an inappropriate manner, is unwilling to follow the instructions of those leading the above mentioned

activities/events/programs, or is found under the influence or in possession of drugs, alcohol, or a weapon it will be my responsibility to pick up my child or to pay the expenses of having my child sent home.

List any medications taken by the above named minor and/or allergies or special concerns that must be considered:

Signed and Agreed to by:

\_\_\_\_\_

Parent or Legal Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Print Name of Parent or Legal Guardian

Relationship to student

Parent Daytime Phone: \_\_\_\_\_

Parent Evening Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

\_\_\_\_\_

Parent or Legal Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Print Name of Parent or Legal Guardian

Relationship to student

Parent Daytime Phone: \_\_\_\_\_

Parent Evening Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

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