



Rev. Dr. Jerome A. Barber, Senior Pastor

PARENT PERMISSION FORM FOR FIELD TRIPS, ACTIVITIES AND TRANSPORTATION

I/we, the parents/guardians of the youth named below, understand the nature of the trip being planned to:

Dockside Seafood & Fishing Center on **06/11/2011** Time: Leave: **6:30 AM** Return: **1:00 PM**
(Date)

I/we understand that transportation will be by: **SMZBT PASSENGER BUS** at a cost of **\$00.00 (Free)**
(Mode of Transportation)

DATE: **06/11/2011** TIME: **6:30 AM - 1:00 PM** LOCATION: **Dockside Seafood & Fishing Center, VA BEACH**

I/we are in accord with the purposes of and procedures governing the trip. I/We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided. I/We recognize, however, that unanticipated situations and problems can arise on any trip, church-sponsored or otherwise, which situations or problems are not reasonably within the control of the Ministry to Men & Youth Volunteers. I/We further agree to release and hold harmless Sixth Mount Zion Baptist Temple, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I/we hereby grant permission to the Ministry to Men & Youth Volunteers to attend to my/our son/daughter. If the injury warrants further medical attention, I/we expect every effort will be made to contact me/us to receive my specific authorization before action is taken. If efforts to contact me/us are unsuccessful, I/we grant permission for necessary medical treatment to be given. In addition, I/we hereby give my/our permission to the Ministry to Men & Youth Volunteers to take my/our child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I/we cannot be located. In the event that a student must return to Sixth Mount Zion Baptist Temple independently for reasons of health, accident, failure to conform to rules established by the Ministry to Men Volunteers in charge, etc., I/we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

Please check below IF your child has sensitivity to:

Bee Sting Nuts Dairy Latex Other _____

Required medications: _____

Please check below IF your child has:

Asthma Diabetes Kidney Injuries Seizure Disorder Heart Condition Other Medical Condition

Required medications: _____

Other medications: _____

If the youth requires medication, I/we understand that I/we am obligated to ensure that the medication and a Medication Authorization Form are on record in the SMZBT Administrative Office. (If ordered by the youth's physician, an epipen must be provided for all field trips.)

Home Phone _____ Work Phone _____ Cell Phone _____

Student Name (Please print) Parent or Guardian (signature required) Date

Parent or Guardian (signature required) Date