l,
am the parent/legal guardian of
age He/She has my permission to attend Youth Outbreak: LIT Girls Lock-
In. If my child is ill and/ or injured and requires medical treatment, my signature
on this form authorizes the responsible adult representative of Windsor Village
United Methodist Church to consent to medical treatment for my child in my
absence on this outing.
ANY EXCEPTIONS:

**MEDICAL TREATMENT INCLUDES:** Transportation for my child by emergency vehicle or private vehicle to an appropriate care facility.

**MEDICAL TREATMENT ALSO INCLUDES** pre-hospital medical care, all hospital and physician services, whether medical, surgical and/or dental, that are necessary for the benefit/safety/well-being of my child. I understand and agree to be

financially responsible for all expenses associated with providing medical care for my child.

I hereby agree to release and forever discharge Windsor Village United Methodist Church, its pastors, church staff members, adult sponsors, and participants from all claims of any kind. Including conditions, whether presently existing or arising in the future, which may occur as a result of my child's participation in this trip, or which may occur as a result of any activities engaged during this engagement. Further, I release all the above mentioned in the event of any accident(s) enroute, during and returning from the aforementioned event.

Signature	Relationship	Date
Emergency Contact		Phone Number
I have provided the following m charge.	nedication(s) to be administered to	o my child by the adult in
Name of Medication	Dosage	Given how often?
Name of Medication	Dosage	Given how often?
Name of Medication	Dosage	Given how often?