

# potter's House

Church Event & Medical Treatment Authorization Form  
I, \_\_\_\_\_, parent/legal guardian of  
\_\_\_\_\_, grant permission for my student to  
participate in the church trip as described below.

**Event Name:** Bus Lock-in

**Cost:** \$40

**Date/Time:** July 19th 6pm - July 20th 7am Sharp

**Church Departure:** (Eating pizza @6pm) Loading bus @ 7pm

**Destination(s):** Get Air 93708 Fishinger Blvd, Hilliard, OH 43026

& then to Magic Mountain 8350 Lyra Dr, Columbus, OH 43240

**Returning to church:** 12pm-12:30pm

Student's Medical Information:

Medications:

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Dosage:

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Allergies:

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Food Restrictions:

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Emergency Contact Numbers:

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Medical Treatment Authorization:

In the event that I cannot be reached in an emergency, I hereby permit the concerned church authorities to call 911 and/or to contact a medical facility or physician selected by the church to provide proper treatment to \_\_\_\_\_. I will be responsible for all expenses arising in association with such treatment.

Indemnity and Waiver of Claim:

I, the undersigned, parent/legal guardian of \_\_\_\_\_, hereby agree to indemnify and hold harmless the church, its employees, volunteers, its governing board, the individual members thereof, and all other agents from any liability, lawsuit, cost, expense, or claim of any type whatsoever (including legal fees) for any harm, injury, or death arising out of the above mentioned activity, as a condition of the student participating in the same.

Parent/Legal Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

The Potter's House Church \* 3220 Lowell Dr. Columbus OH  
43204 \* 614-279-2311