

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: April 24th 7pm PH Columbus - April 25th 7am Sharp

Church Departure: (Eating pizza @7pm) Loading bus @ 8pm

Destination(s): Magic Mountain 8350 Lyra Dr, Columbus, OH
43240 then 459 Orange Point Dr Suite E, Lewis Center, OH
43035

Returning to church: 1:45am-2am

Student's Medical Information:

Medications:

Dosage:

Allergies:

Food Restrictions:

Emergency Contact Numbers:

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: _____

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