

# Medical Authorization Form

## Field Trip to the Fountain City Skatepark in Knoxville

Medical Authorization/Permission slip must be signed by parent or guardian (or by attendee if over 18).



Participant's Names \_\_\_\_\_

Parent/Guardian

First & Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Year in School \_\_\_\_\_ E-Mail Address \_\_\_\_\_ @ \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ Night: \_\_\_\_\_

& Who to ask for Day: \_\_\_\_\_

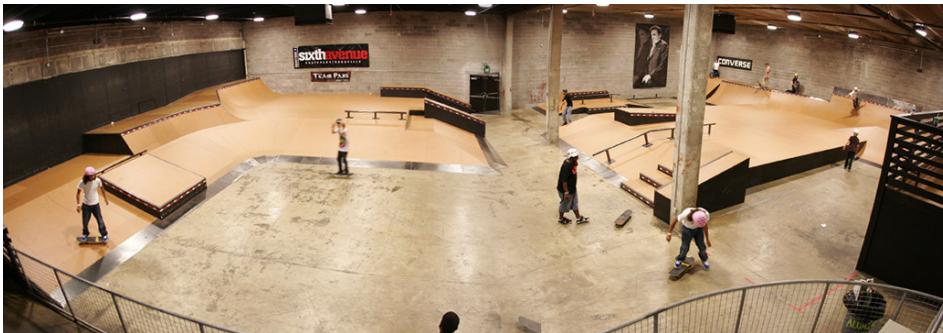
Insurance \_\_\_\_\_ Policy \_\_\_\_\_  
Company \_\_\_\_\_ Number \_\_\_\_\_

Important Medical Information \_\_\_\_\_

My son/daughter has permission to go to the **Fountain City Skatepark in Knoxville** Friday, July 15th, 2016. *(we will meet at the Paradox 9:45AM)*

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by Bill Kucenski to secure proper treatment for my child as named above.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



I Agree to act in a Christian manner and to listen to the guidance of my counselors and to be courteous and helpful to others. I also agree to not using any illegal substances, to refrain from smoking and to not be involved in any sexual activity. I understand that if I break this covenant I will be sent home and will not be reimbursed for this activity.

**I understand that I will be required to wear a helmet at all times while skateboarding.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Cost is \$5.