

Medical Authorization Form

Field Trip to Fountain City

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

Participant's Names _____

Parent/Gaurdian

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 Monday, May 26th - with The Paradox Teen Center. (we will meet at the Paradox - 10^{AM} to 3^{PM})

I also understand that if my son/daughter does not behave in a responsible Christian manner, I will be called to take him/her Home.

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/Gaurdian'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 _____

