

ROLLING HILLS PRESBYTERIAN CHURCH

9300 NALL OVERLAND PARK, KANSAS 66207 913-642-9100 FAX 913-642-1732

_____ has my/our permission to go with Rolling Hills
Church to Wildwood Education Center located in LaCygne, KS on June 4, 5, 6
and 7, 2018.
name of student

Parent or guardian _____

Home address _____

Telephone _____ cell phone _____

Work number _____ emergency phone _____

It is my understanding that any authorized advisor/s may take appropriate disciplinary action including sending my child home at my expense for any behavior unbecoming to the welfare of those on the above mentioned trip or to the church at large.

X _____

CONSENT FORM FOR EMERGENCY MEDICAL CARE

_____ do hereby authorize the advisor/s
to make arrangements for whatever emergency medical treatment that may be
necessary for _____ while on this activity
with Rolling Hills Church.
parent or guardian
name of youth

With my signature I accept full responsibility for all costs incurred by such
treatment.

Signed _____
Date _____