

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
name of student
Church to Wildwood Education Center located in LaCygne, KS on June 10, 11,
12, and 13, 2019.

Parent or guardian _____

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

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

Signed _____

Date _____