

# 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  
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 \_\_\_\_\_