

MILLARVILLE COMMUNITY CHURCH

PLAN TO PROTECT



Form 8

Parental / Legal Guardian Travel Consent Form

Destination/ Event _____

Departure Date: ____/____/____

Return Date: ____/____/____

Time: _____

Time: _____

I/we, _____ the parent/ legal guardian gives

my/our Child/Youth, _____ Permission to

Attend _____ on this the ____ day of the month

_____, in the Year _____ with Millarville Community Church.

Does your Child have any allergies _____?

Does your Child take any medications Regularly? Y/ N

If YES, please list _____

I/we the parents release Millarville Community Church from responsibility

Of any unforeseen and accidental injury while the above child participates in the event listed above.

Parent or Legal Guardian Name (please Print) _____

Parent or Legal Guardian Signature _____

Parent or Legal Guardian Contact info _____

Date Signed _____