

MEDICAL AND LIABILITY RELEASE FORM/PERMISSION SLIP

Foothills Christian Church

350 Cypress Lane Ste B El Cajon, Ca 92020 (619) 442-7728

highschool@foothillschurch.org / www.foothillschurch.org

Mexico Missions Trip down to Ensenada, Baja California (Foothills Christian Church Sponsored Trip)

Mode of Transportation: Church Vans/Personal Vehicles

Date: April 14-18th, 2025



If you want to sign up online scan this QR code:

First and Last Name of MINOR: _____

circle one: Male/Female Grade: _____ **School:** _____

First and Last Name of PARENT: _____

Address (mailing) _____ **Unit #** _____

City _____ **Zip** _____ **Parent Phone:** _____

Parent Alternate Phone: _____ **Student Cell:** _____

Emergency Contact Name _____ **Phone:** _____

Does student regularly attend church? _____ **Which church?** _____

Medical Information - please print (use the back of this form if necessary):

Does your child have permission to receive over-the-counter medication? _____

Does he/she have any allergies or allergic reaction to any medication? ___yes, ___no. **If yes, please explain:** _____

Please list ALL allergies (food, bees, etc.): _____

Is he/she required to take any medication? ___yes ___no. **If so, please list name of medication, reason, and frequency:** _____

Has he/she had any surgery or serious illness within the last 3 years? ___yes ___no. **If yes, explain:** _____

Is he/she presently under a doctor's care? ___yes ___no. **If yes, explain:** _____

Please list any medical conditions that we need to be aware of (physical, emotional, behavioral disorders): _____

Insurance Information: _____

The undersigned represents to Foothills Christian Church, that he/she is a natural parent or legal guardian of the above named minor child: and,

The undersigned does hereby consent to such minor child taking part in the noted activity, with the full understanding that insofar as such activity might involve sporting activities, travel and mingling with other individuals and groups, that there is always the risk of injury, illness and loss, and possibly consequent expense for medical diagnostic and curative treatments, and incidental loss and expense; and, in behalf of such minor assume the risk of such and expense and does hereby wholly release Foothills Christian Church from any responsibility or liability, and waives any claims or causes or action against it or its agents that might arise on account of loss, injury or expense occasioned by any sort of accident or other circumstance involving such child, and agrees to hold harmless Foothills Christian Church in event any such claim should arise; and,

The undersigned agrees to abide by the rules and regulations, supervision and discipline set and applied by Foothills Christian Church and its agents; and, does hereby authorize Foothills Christian Church or its staff members or other agents to arrange for and consent to x-rays, examinations, anesthetic, dental, medical or surgical diagnosis, and treatment, and hold harmless Foothills Christian Church. The undersigned will furnish payment or insurance for, and such payment, at his or her own expense. Also please note your signature authorizes the possible photographing or videotaping of your child during various events.

Parent Signature: _____

For Office Use Only:

COST: \$250 (\$50 non-refundable deposit by March 27th required to hold a spot)

Today's Date: _____ Person Receiving: _____ Amount Paid: _____ Cash Credit Check#: _____