

# Permission Slip, Emergency Information & Parental Consent

Complete and mail to:

**People Building People**  
P.O. Box 1083  
West Chester, OH 45071-1083

**Part A - To be completed if participant is an adult**

I, \_\_\_\_\_, will be going on the Mission Trip with People Building People from \_\_\_\_\_ to \_\_\_\_\_, 2\_\_\_\_\_ (dates of trip).

**Part B - To be completed by parent or legal guardian if participant is a minor (under age of 18)**

I give permission for my minor child, \_\_\_\_\_ (name of child), to go on the Mission Trip with People Building People from \_\_\_\_\_ to \_\_\_\_\_, 2\_\_\_\_\_ (dates of trip).

**Part C - To be completed by everyone**

I fully understand that participation in this mission trip may result in illness, accident or injury. I have been afforded every opportunity to conduct my own investigation of the conditions surrounding this trip and certify that participation in the trip is a matter of free choice. I am specifically aware that certain hazards and risks are associated with serving in a mission capacity, including but not limited to death or injury by accident, disease, war, terrorist acts, adverse weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence or negligence. On behalf of the participant, I hereby assume these risks and release in full any claims of any type against People Building People and its officers, directors, agents, and employees. I can be reached at the following telephone numbers during the day \_\_\_\_\_ (phone number) or evening \_\_\_\_\_ (phone number). Should it be necessary for the participant to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The participant has the following allergies, medical conditions, or other special concerns of which People Building People should be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part D - To be completed by everyone**

We (I) authorize People Building People or any adult on this trip in whose care the participant has been entrusted to consent to any medical examination or treatment, including hospital care, to be rendered to the participant by a duly licensed physician or dentist. We (I) agree to be liable for all expenses incurred in connection with such medical and dental services rendered to the participant pursuant to this authorization.

Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Hospital Insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

Emergency Numbers

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Other: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Signatures

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Adult Participant

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian\*\* (#1)

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian\*\* (#2)

\_\_\_\_\_ Date: \_\_\_\_\_  
**Notary\*\* (Required if participant is under age 18 with no parent/guardian on trip)**

\*\* This needs to signed by both parents or guardians and notarized if both parents are not on the trip for youth under 18 years of age.