

# Permission to Travel

Richland  
Alliance  
Church



I \_\_\_\_\_, the parent/legal guardian  
of \_\_\_\_\_, do hereby give my permission for he/she to attend the  
\_\_\_\_\_ (event) on \_\_\_\_\_ (date).

I hereby give consent for \_\_\_\_\_ to receive all medical and/or surgical treatment from a licensed physician or hospital staff member when deemed advisable by an attending physician when I cannot be contacted.

Drug allergies \_\_\_\_\_ Regular medications \_\_\_\_\_

Child's physician \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of legal parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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