

# Trip Slip



## Willowbrook Christian Church

619 High Street, Victor, New York 14564  
Phone: (585) 924-5550

My child, \_\_\_\_\_, has my permission to attend and participate in the activities sponsored by Willowbrook Christian Church on \_\_\_\_\_.

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

\_\_\_\_\_  
Date

### 2010 Student Medical Form on File?

Yes     No

By signing the above, I authorize an adult, in whose care my child has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical or dental diagnosis or treatment and hospital care, to be rendered to my child under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I shall be liable and agree to pay all expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my child to return home due to medical reasons or otherwise, I shall assume all transportation costs.

I give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while attending and participating in activities sponsored by Willowbrook Christian Church.

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