

# NIC Council on Young People's Ministry

## Youth Field Trip Permission, Transportation & Medical Authorization Form

**Event:** Interfaith Bus Tour

**Date:** \_\_\_\_\_

**Sponsoring Ministry:** Council on Young People's Ministry

This form must be completed and signed by a **parent or legal guardian** for any participant under 18 years of age.

### 1. Participant Information

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Church / Youth Group: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

### 2. Emergency Contact (if parent cannot be reached)

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### 3. Medical Information

Please list **any allergies, medical conditions, dietary restrictions, or special needs** leaders should be aware of:

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

Physician Name (optional): \_\_\_\_\_

Physician Phone (optional): \_\_\_\_\_

Health Insurance Provider (optional): \_\_\_\_\_

## 4. Medication Information

Will your child require medication during the trip?

Yes  No

If yes, please list medication(s) and instructions:

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All medications must be provided in the **original labeled container**.

I understand medications will only be administered according to the instructions provided. Parent/Guardian

Initials: \_\_\_\_\_

## 5. Transportation Permission

This activity includes travel to various locations representing different faith communities.

I give permission for my child, \_\_\_\_\_, to be transported using **church-arranged transportation**, which may include rented vehicles or other vehicles arranged by the Northern Illinois Conference Young People's Ministry.

I understand that:

- Drivers are **approved adult drivers**.
- Drivers comply with the Northern Illinois Conference **Safe Sanctuaries / Safe Gatherings driver eligibility requirements**.
- Driver screening and **motor vehicle record checks** are conducted where required.
- Transportation involves **ordinary travel risks**.

Parent/Guardian Initials: \_\_\_\_\_

## 6. Transportation Safety Rules

Participants agree to follow all transportation safety rules including:

- Wearing seatbelts at all times
- Remaining seated while the vehicle is moving
- Following instructions given by drivers and leaders

Participant Initials: \_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_

## 7. Transportation Risk Acknowledgment

While reasonable care is taken to ensure safe transportation, I understand that travel by motor vehicle involves inherent risks. By signing this form, I acknowledge these risks and permit my child to participate in transportation associated with this event.

Parent/Guardian Initials: \_\_\_\_\_

## 8. Assumption of Risk

Participation in this event includes travel and group activities outside of the church facility. While leaders take reasonable precautions for safety, certain risks are inherent in travel and group activities.

By signing this form, I voluntarily allow my child to participate in this event and acknowledge these risks.

Parent/Guardian Initials: \_\_\_\_\_

## 9. Medical Authorization

If my child, \_\_\_\_\_, requires medical or dental treatment during this event, reasonable efforts will be made to contact me.

If I cannot be reached, I authorize leaders of the Northern Illinois Conference Young People's Ministry to consent to:

- X-rays
- Medical or dental treatment
- Anesthesia
- Emergency hospital care as recommended by a licensed medical professional.

Parent/Guardian Initials: \_\_\_\_\_

## 10. Medical Insurance Responsibility

I understand the Northern Illinois Conference **does not provide medical insurance** for participants. Any medical expenses will be submitted to the participant's personal or family health insurance.

Parent/Guardian Initials: \_\_\_\_\_

## 11. Emergency Transportation Authorization

In the event of illness or injury, I authorize leaders to arrange transportation for my child to a medical facility if necessary. This may include transportation by an adult leader, emergency personnel, or ambulance.

Parent/Guardian Initials: \_\_\_\_\_

## 12. Photo and Media Release

I grant permission for the Northern Illinois Conference and affiliated ministries to photograph or record my child during this event for ministry purposes such as newsletters, websites, or social media.

Yes, I give permission

No, I do not give permission

Parent/Guardian Initials: \_\_\_\_\_

Participant Initials: \_\_\_\_\_

## 13. Youth Behavior Covenant

Participants are expected to:

- Follow the instructions of adult leaders
- Treat others respectfully
- Respect the worship spaces and customs of the communities visited
- Follow transportation safety rules
- Avoid unsafe or disruptive behavior

Failure to follow these expectations may result in removal from the activity and notification of parents.

Participant Signature: \_\_\_\_\_ Participant Printed

Name: \_\_\_\_\_

## 14. Parent / Guardian Permission

I certify that I am the **parent or legal guardian** of the above-named minor and give permission for them to participate in this Northern Illinois Conference youth field trip and related activities.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_