

**NOTARIZED**  
**SHALLOWFORD PRESBYTERIAN CHURCH AUTHORIZATION AND**  
**TRIP AGREEMENT FORM**

Whereas, \_\_\_\_\_, a young person of whom I have legal custody as a parent or legal guardian, will be a member of a group traveling with Shallowford Presbyterian Church, Atlanta, Georgia (hereafter known as Shallowford); and

Whereas, Shallowford's staff and appointed chaperones/advisors will be responsible for the health and well being of my young person for the duration of this journey;

It is agreed as follows:

1. In the event my young person requires medical services (including admission to a hospital, surgery, and transfusions), any of Shallowford's staff and/or appointed chaperones/advisors may seek and provide such services as my duly authorized representative. Such authority is expressly limited to medical treatment by licensed physicians, medical practitioners, and supporting nurses or medical personnel.
2. During the period of the trip, I can be reached at the telephone numbers listed below. I assume full financial responsibility for any medical expenses not covered by my medical insurance policy.
3. I hereby release Shallowford Presbyterian Church of Atlanta, Georgia, its officers, agents, employees, elders, chaperones, advisors, and members from liability for any injury, illness, or other loss suffered by my young person from any activities associated with the trip, including travel.
4. I agree to provide Shallowford's staff in charge of the trip with notification of any medication my young person will require during the journey PRIOR to departure.

_____ LEGAL NAME OF TRAVELER		
_____ NAME OF PARENT/GUARDIAN	_____ SS#	
_____ ADDRESS	_____ CITY, STATE, ZIP	
_____ PARENT/ GUARDIAN HOME PHONE	_____ PARENT/GUARDIAN WORK PHONE	_____ PARENT/GUARDIAN CELL PHONE

I have read the foregoing authorization, consent to medical treatment, and release of liability, and fully understand its content, purpose, and effect.
_____ PARENT/GUARDIAN SIGNATURE

The foregoing instrument was acknowledged before me on this \_\_\_\_ day of \_\_\_\_\_, 2010  
by \_\_\_\_\_ who is personally known to me or who has  
produced \_\_\_\_\_ as identification.

NOTARIZED BY \_\_\_\_\_  
NOTARY'S SIGNATURE  
\_\_\_\_\_  
NOTARY'S PRINTED NAME  
\_\_\_\_\_  
DATE

## IMPORTANT INFORMATION FOR MEDICAL TREATMENT

EMERGENCY CONTACT	
HOME PHONE	
WORK PHONE	
CELL PHONE	
RELATIONSHIP	
FAMILY PHYSICIAN	PHONE:

## INFORMATION NEEDED FOR YOUTH PARTICIPANTS

YOUTH'S FULL LEGAL NAME	SS#
	DATE OF BIRTH
LIST SPECIFIC MEDICAL PROBLEMS:	
LIST ALL MEDICATIONS (PRESCRIPTION AND OTC):	
LIST ALL ALLERGIES:	
LIST ANY MEDICAL CONDITION OR MEDICAL HISTORY WE SHOULD BE AWARE OF:	
DATE OF LAST TETANUS:	