Parental Consent Form

Event: MercyMe Concert

Event Location: <i>Boise, ID</i>	Leaving: 1:00pm	Returning: approx. 1am	Cost: \$60
Student's Full Name		Birthday	
Parent Phone #	Student's Address		
Grade			
I give permission for my above-named on Sunday, April 7th 2024.	child to ride with a Dto	our leader to Boise, ID to attend	the MercyMe concer
We will meet at the Youth Center at 1 preturn home at approximately 1:00 am let them know that we are almost hom to send your child with money for souv	(PST). Students will co e. Tickets for this even	ontact their guardian when we r at are covered in the trip fee, ho	each Baker City, OR to
Youth in Richland and beyond will be pi Halfway will need to be picked up/drop			m the River or
I hereby release Dtour, its staff and sponso during this activity. In the event of an emer consent to any X-ray examination; medical, by a physician, surgeon or dentist (as approrendered, either at a doctor's office or in a	rgency I hereby authoriz , dental or surgical diagn opriate) licensed to prac	e an adult leader of this activity, as osis; treatment; and hospital care tice under the laws of the state wh	s agent for me, to advised and supervised
Signature of natural parent or legal gua	rdian		
Date Signed//	Emergency Phone #		
Allergies			
Medications Being Taken			
Physical Handicaps or Limitations			
Medical Insurance Company			
Policy#	Member Name		