



Student's Name

As a natural parent or legal guardian of the above named child, I give my permission for him/her to participate in the Student Ministries trip to San Francisco on March 14th, 2009. I release Fremont Community Church, its staff and leaders from responsibility and liability for any injury or illness my youth may sustain at this event. In case of emergency, I hereby authorize such medical procedures as are deemed necessary to be performed on the above named child by, or at the discretion of, any adult leader.

I also give consent to Fremont Community Church to include photograph(s) and/or video(s) of my child in its promotional materials or its website.

**Signature of consent of natural parent
(or legal guardian)**

Contact info:

Home Address: _____

City/Zip: _____

Email: _____

Insurance info:

Health Insurance Co. _____

Address: _____

Policy #: _____

**If an emergency occurs,
I expect to be contacted at any of the
following numbers:**

Home: _____

Cell: _____

Other: _____