



Parents and Guardians:

My child, \_\_\_\_\_, has permission to attend the trip to \_\_\_\_\_ with The Mission 28, a ministry under First Presbyterian Church of New Smyrna Beach, FL on \_\_\_\_\_.

I hereby give my written consent for any adult leader of Mission 28 and other church leadership to seek and authorize medical treatment for my child as deemed necessary.

Allergies \_\_\_\_\_

Medications being taken \_\_\_\_\_

Other medical conditions \_\_\_\_\_

Parent/ Guardian signature \_\_\_\_\_

My contact numbers are (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_