

Parent/Guardian Signature

DAY TRIP CONSENT/RELEASE FORM PACKET

Date

student ministry	
TRAV	EL RELEASE
I give	
Ministry will make every reasonable effort to co and/or dental care. However, if the circumsta emergency medical and/or dental care and trea of the illness or injury. I further agree to be	to the child, the staff leaders of The Bridge Student ontact me for permission to obtain emergency medical inces do not permit, I authorize and consent to such atment as may be necessary for the prompt treatment e financially responsible for the cost of emergency and/or the staff or volunteer leaders for any expense ent.
Parent/Guardian Signature	 Date
GENERAL MEDIA I	RELEASE AND CONSENT
_	onsent and authorize the reproduction, publication, ertising, commercial, or any other purpose of any illd.
 Parent/Guardian Signature	Date
SCHOOL LUNCH	RELEASE AND CONSENT
For good and valuable consideration, I herby co Ministry to attend school lunch with my child fo	onsent the staff and crew leaders of The Bridge Student or this school year. I understand and appreciate that at Ministry want to invest in the life of my child in order