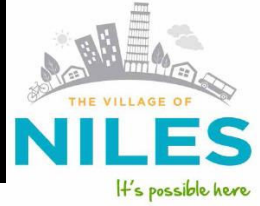




373 Golf Mill Center
Niles, IL 60714
Phone- 847-588-6900
Fax- 847-588-6925
www.nilesteencenter.org

Niles Teen Center



Teen Trip
Permission and Emergency Treatment Release Form

My child _____, has permission to accompany the Niles Teen Center
to _____, on _____.
(Destination) (Date)

I am familiar with the mode of transportation, the leadership accompanying the group and the circumstances of the group. I certify that my child is in good health and can participate in normal activities of the group. Listed hereafter are any health concerns regarding my child such as diabetes, epilepsy, allergies, etc., including any medicine requirements.

I understand that reasonable measures will be taken to safeguard the health and safety of the group and that I will be notified as soon as possible in an emergency. In case of sickness or accident, I authorize the treatment of my child named above by a licenced medical doctor, including hospitalization, if necessary, at my expense. I also give the leadership of the group permission to reasonably instruct my child as necessary to maintain discipline. I understand that should the child be expelled from participation in the program for disciplinary reasons before the group returns, I shall be responsible for picking up my child and taking my child home upon request of the group leadership. I hereby agree that said Niles Teen Center; it's Commissioners, Officers, Employees and agents shall be held harmless and not liable for any injury to my child by notice and voluntary participation of said activities.

Parent Name: _____ Parent Phone: _____

Home Address: _____

Alternate Contact Name & Phone _____

Parent Signature: _____ Date: _____