WEST POINT YOUTH SERVICES
FIELD TRIP PERMISSION

NAME OF PARTICIPANT:_____

FIELD TRIP DESTINATION:___Supt's Boat Ride_____

DATE:___7/18/2008_____

TIME:_____

PLEASE INDICATE IN SPACE BELOW ANY MEDICAL CONDITION(S) (I.E. ALLERGIES, MEDICATIONS, ETC.) THAT WOULD AFFECT PARTICIPATION:

I, _____Parent / Guardian of _____
give consent for an authorized Youth Services representatives(s) to take my child listed above for medical and / or dental care in an emergency situation where the child's condition represents a serious or imminent threat to his or her life, health, or well-being. I understand that a conscientious effort will be made to notify me prior to such action and the expense, if any, will be borne by me. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3, ¶2-24b.

_____ _____
(Printed Name of Parent/Guardian) (Signature of Parent/Guardian)

_____ _____ _____
(Date) (Home Telephone) (Work Telephone)

EMERGENCY NOTIFICATION (ONLY IF YOU CANNOT BE REACHED FIRST):

_____ _____ _____
(Printed Name) (Home Telephone) (Work Telephone)

West Point Youth Services does not carry supplemental insurance to pay medical costs in the event that child is injured while participating in our activities. Military dependents are authorized care from Keller Army Community Hospital or CHAMPUS. Those not authorized care from Keller, or parents who desire additional coverage, will need to make arrangements privately.