



Village of Niles

Niles Teen Center



373 Golf Mill Center, Niles, Illinois 60714
(847) 375-8949 www.NilesTeenCenter.org

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.

Name and telephone number in case of emergency.

Name and phone number of alternate person in case above party cannot be reached in case of emergency.

Name of Insured _____ Group #: _____

Medical Insurance Company: _____ Policy #: _____

Home Address: _____ Home Phone: _____

Parent Name: _____ Participant Name: _____

Parent Signature: _____ Date: _____