



dcStudents Travel and Medical Release Form

Effective from January 1, 2023 - December 31, 2023

_____ has my permission to travel with the Student
(Name of Student(s))
Ministry of Discovery Church and, if necessary, obtain medical treatment when I cannot
be reached or if a delay in reaching him/her would be dangerous for him/ her.

Father / Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Mother / Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

My insurance provider is: _____

My child's medical ID number is: _____

- My child is taking the following medications: _____

- My child has the following allergies: _____

Are there any custody arrangements that we need to be aware of? Yes No
If Yes, Please Explain: _____

I understand that I assume all financial responsibility for any treatment or injuries
sustained while my child is with Discovery Church.

Signature of Parent or Guardian

Date