



## Permission Slip/Medical Release Form

Name: \_\_\_\_\_

Event: \_\_\_\_\_

Emergency Phone Numbers: **Home** \_\_\_\_\_

**Cell** \_\_\_\_\_

**Work** \_\_\_\_\_

**DOB of Participating Youth** \_\_\_\_\_

Please list any Medical Conditions/Allergies/limitations that we should be aware of:

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The above information is correct so far as I know, and the person described has permission to engage in all prescribed activities except as noted.

**Emergency Authorization** - I hereby give permission to medical personnel selected by the participant's Church sponsor to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to my child named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in the church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_