

Permission Slip & Medical Release Form

Student's Name _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Parent's Work Phone _____

Parent's Cell Phone _____

Health Information

Drug Allergies _____

Dietary Restrictions _____

Medication _____

Insurance Carrier and Card # _____

Physician's Phone _____

I, the undersigned, hereby give permission for _____
to attend and participate in all activities of the _____
_____ sponsored by Plymouth Congregational
Church on _____. I agree to hold harmless Plymouth
Congregational Church or its agents for any claims for injuries, illnesses,
causes of action, the rendering of emergency care, or liability related to
participation in any activity. I also give permission for this child to be
transported to and from any off-site activities or emergency locations, if any,
by any authorized leader.

In the event that I cannot be reached in an emergency and my child
requires treatment, I hereby give permission to the physician selected by the
youth pastor/authorized leader to hospitalize, secure proper treatment for, and
to order injection, anesthesia or surgery for my child, as named on this form.

Parent/Guardian _____ Date _____

(Revised 2/17/11)