

PERMISSION SLIP FOR FIELD TRIP/LOCK-IN/CONFERENCE

I hereby give my permission for (name of daughter/son) _____
to participate in _____

During that time, I can be reached at (location) _____
(phone) _____

I authorize the adult supervisors of the event to take any reasonable action to help ensure the safety, health and welfare of my child.

Medical Release:

As parent and/or guardian, I do herewith authorize the treatment of my child(ren) by a qualified and licensed medical professional of the following minor in the event of a medical emergency which may endanger my child's life or cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Medical allergies _____

Chronic illnesses or other medical conditions _____

Family physician _____ Phone _____

Other contact in case of emergency (name) _____

(phone) _____

Insurance company _____ Policy # _____

ID# _____

Signed _____ Date _____
Father/Mother/Legal guardian

Home address _____ Phone _____