



Single Event Permission slip

Event Name: _____ Place: _____

Dates: _____ through _____ DOB: _____ Gender: _____

Student's Name: _____ Grade: _____

Student's Address: _____

Student's Phone: _____ Cell #: _____ Text? Yes/No

Last Tetanus Injection Date: _____ Gluten Allergy: Yes/No

Allergies: Yes/No If yes explain: _____

Current Medications: _____

Special Medical Instructions: (please attach a separate sheet if necessary) _____

Student's Health Insurance Carrier: _____ Policy Number: _____

Primary Insured: _____ Employer Name: _____

Physician's Name: _____ Physician's Phone: _____

As the parent or guardian of the above named student, I hereby give my permission for him/her to attend activities sponsored by **Life Church 7**. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention as deemed necessary, including but not in limitation to emergency surgery or medical treatment. The individual action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant.

Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

Parent/Guardian Name: _____ Date: _____

Parent's Day Phone: _____ Cell #: _____ Text? Yes/No

Parent/Guardian Email: _____

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact (if parent is unavailable) _____ Relationship: _____

Emergency Contact Phone Number: _____