

Chinook Baptist Church Permission Slip

Activity Name _____

For activity dating from _____ to _____

Participant Information

Name: _____ Birth Date: ___/___/___ Age: _____

Home Phone: _____ Emergency Phone: _____

Emergency Contact Person: _____

Medical Profile

List any conditions of which the leaders should be aware: _____

List any medications you are currently taking: _____

List any medications to which you are allergic: _____

Family Physician: _____

Physician's Telephone: _____

Insurance Company: _____

Policy or Group#: _____

Subscriber Name: _____

Place of Employment: _____

Work Phone: _____

Parental/Guardian Authorization

I give permission to my son/daughter to participate in this activity sponsored by Chinook Baptist Church. Should emergency medical treatment be necessary I authorize Chinook Baptist Church and its representatives to act on my behalf and seek appropriate treatment.

This health history is correct so far as I know, and in the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by Chinook Baptist Church and its representatives, to hospitalize, secure proper anesthesia, or to order injection for my son/daughter.

I will not hold Chinook Baptist Church or any of its representatives liable for my son/daughter's actions. I also release from any liability Chinook Baptist Church and its representatives, sponsors, and staff in the event of any accident enroute, during or returning from the activity.

Signature _____

Date _____

I authorize ONLY the following people to remove my son/daughter from the activity site:

List Name & Relationship

