

Permission Slip



I, the parent/guardian of _____ give permission for my child to participate in _____ with the La Verne Church of the Brethren on: _____.

I understand that in case of a medical emergency, the church staff or volunteer-in-charge will make every attempt to contact me and, if necessary, call for medical aid.

Signature: _____ Date: _____

If I cannot be reached, I hereby give my consent to any reasonable medical treatments, such as x-rays, blood tests, anesthetic, or hospital services that may be rendered under the instructions of the hospital staff doctor(s) or emergency personnel.

Signature: _____ Date: _____

Print Name: _____

Cell phone: _____

Address: _____

Additional Emergency Contact Name: _____

Relationship to Student: _____

Phone Number of ER Contact: _____

Health Insurance Provider: _____

Policy Number: _____

Family Doctor: _____ Phone: _____

Medical Conditions which youth leaders should be aware of: _____

