



## Permission Slip & Medical Release Form

**Event:** \_\_\_\_\_

Participant's Name

Street Address

City \_\_\_\_\_ Zip \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby grant permission for my child to participate in the (event) \_\_\_\_\_ . Should any problems arise concerning the behavior of my child that would require them to return home prior to the end of the activity, I will pay for his or her return or come pick my child up.

I recognize that the Avon United Methodist Church uses photographs and video images of events in our publicity materials such as the church website, newspapers, and newsletters and I hereby grant permission for photo/video images of my child to be taken and used for such purposes.

My child may be given acetaminophen, ibuprofen, or Sudafed by the advisors as needed.

I authorize the treatment, by a qualified and licensed medical doctor, of the minor listed above in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I/we cannot be reached after reasonable effort has been made to secure my personal consent.

Any medical expenses are the responsibility of the participant and their insurance carrier. Limited coverage of excess medical expense is available through the church's insurance carrier to a maximum amount of \$5000 per person.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

(parent or legal guardian)

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_

Night Phone (\_\_\_\_) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_

Policy #: \_\_\_\_\_

**Primary Care Physician:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

**Special Medical Conditions--Allergies, chronic illness, or other conditions:**

\_\_\_\_\_

\_\_\_\_\_

**Current Medications:**

\_\_\_\_\_

\_\_\_\_\_

**Any other information (special needs, concerns):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_