

# Lifetree Community Church

## Permission Slip & Medical Release Form

### Effective 1/1/23-12/31/23

Please fill out this form in entirety and then sign in order for your child to attend the activities of this year. In the event of a medical emergency, it is important to have procedures clearly outlined and understood by both parent/guardians and event leaders. Please complete separate forms for each child and **attach a copy of the front and back of the insurance card.**

Child's Name: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ (First) (MI) (Last) Cell #: \_\_\_\_\_

Address: \_\_\_\_\_ (City) (State) (Zip)

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **Medical Information:**

1. Allergies (food, medicine, other): \_\_\_\_\_
2. Current Medications: \_\_\_\_\_ 3. Date of last Tetanus Shot: \_\_\_\_\_
3. Physical handicaps or limitations: \_\_\_\_\_

In the event of illness or medical emergency, the event leader will attempt to contact the parent/guardian for instructions. Should first aid be required, the event leader will administer the same. If neither parent/guardian can be reached, the event leader will refer to this form, which details any special instructions the parent/guardian has given. In the event of a medical emergency, the event leader will have the authority to have the child treated by a licensed physician and/or surgeon who may perform such procedures or administer medications as the emergency requires.

#### **Medical Insurance Information:**

1. Name of subscriber: \_\_\_\_\_
2. Primary insurance company: \_\_\_\_\_
3. Address of Insurance Company: \_\_\_\_\_
4. Insurance Identification #: \_\_\_\_\_ Group # \_\_\_\_\_
6. Primary Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

**Parent/ Guardian Information:**

1. Father's Full Name: \_\_\_\_\_
2. Father's Employer: \_\_\_\_\_ Work #: \_\_\_\_\_
3. Mother's Full Name: \_\_\_\_\_
4. Mother's Employer: \_\_\_\_\_ Work #: \_\_\_\_\_
5. Guardian's Full Name: \_\_\_\_\_ Home #: \_\_\_\_\_
6. Guardian's Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

**Special Instructions:**

1. If you wish to authorize other adults to act on your behalf and pick up your child in the event of an emergency, please list their names below:

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

Relationship to child: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

2. If you have any special instructions other than the above medical emergency procedures normally followed, please specify here:

I hereby grant permission for my child to attend church sponsored activities during 2022. I hereby agree that I have read the above policy and am in complete agreement with its provisions. I also assume financial responsibility for all medical expenses and for the use of medical transport to the nearest health care facility should such a need arise. I hereby release Lifetree Community Church, Robbinsville, its employees, and ministry/event leaders from any liability in the case of an unforeseen accident and/or illness my child may suffer while participating in a church sponsored event.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Parent/Guardian)