

# PERMISSION SLIP

I do hereby give my permission for \_\_\_\_\_ to  
(Name)  
attend the following activities, \_\_\_\_\_ on \_\_\_\_\_  
for the following amount of time \_\_\_\_\_. I understand this  
activity has been properly planned and will be properly chaperoned. I also understand  
that the utmost care will be taken to provide for my child's physical needs during the  
above-mentioned activity. However, if something should occur that requires medical  
attention, I give my permission to seek the proper medical care, and I release the  
church (First Assembly of God, Fort Kent, ME) and it's ministers/workers/chaperones,  
and will not hold the aforementioned responsible or liable for any accident or sickness  
that might occur.

# WAIVER OF LIABILITY

In consideration of the possible injuries, which could occur in this event, I hereby  
release all participating groups and persons officially connected with this event from any  
and all liability for any injury or damages whatsoever arising from any participation in  
this event.

(Parent/Guardian): \_\_\_\_\_

(Date): \_\_\_\_\_



# EMERGENCY MEDICAL FORM

(FOR EXTRACURRICULAR EVENTS)

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_  
 BOTH PARENTS NAMES: \_\_\_\_\_  
 DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 HEALTH INSURANCE CO: \_\_\_\_\_

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### HEALTH HISTORY

**HAS HE HAD THE FOLLOWING:**

- An attack of appendicitis      Yes       No
- Severe Allergies                Yes       No
- Asthma or hay fever            Yes       No
- Diabetes and/or Insulin        Yes       No
- Hernia (rupture)                Yes       No
- Rheumatic fever                Yes       No
- Scarlet fever                    Yes       No

**IS HE UNDER MEDICAL CARE WITH MEDICATION**

- Reaction to bee stings            Yes       No
- Significant disease, injury/operation:    Yes       No
- Is his activity restricted medically      Yes       No

**IS HE SUBJECT TO:**

- Sinus trouble                    Yes       No
- Fainting spells                  Yes       No
- Ear trouble                      Yes       No
- Convulsions                      Yes       No
- Sugar reaction                  Yes       No
- Nervousness or easily upset    Yes       No
- Reaction to penicillin          Yes       No
- Poison ivy, oak or sumac        Yes       No

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### PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In the event my son becomes ill or sustains injury while in the care of or under the supervision of activity leaders, they are given permission to administer first aid for his relief. If it is not practical to return him to us or to receive our instructions for his care, consent is hereby given to admit him to any hospital; consent is also given to any licensed physician and or surgeon called, or to whom our son is taken for treatment by them to administer such treatment, drugs and medicines, and to perform such surgical procedures as he shall think the existing emergency requires for relief of pain and to preserve his life and health. Authorization is also given for such other measures or procedures as may be required. I hereby agree to reimburse the activity leader(s) for any expenses incurred in the care of my son, should any type of medical treatment be necessary. This would include hospitals, doctors, ambulances, etc.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Parent/Guardian

Phone where you may be reached in case of emergency: (\_\_\_\_) \_\_\_\_\_