

# MEDICAL RELEASE/PERMISSION SLIP - 2 SIDES/PAGES

I/We the undersigned parent(s) or legal guardian(s) of the minor listed below:

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Student Cell: (\_\_\_\_\_) \_\_\_\_\_

Student E-Mail: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. (day/month/year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

## parent /guardian name to contact in an Emergency:

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

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

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Which is best to contact you? H M W

## Person(s) to be reached if parent/guardian cannot be contacted:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

## RELEASE OF LIABILITY

*I/We, the undersigned parent(s)/legal guardian(s) of the above minor (s), do hereby release and agree to hold harmless Flipside Christian Church and any related member, employee, sponsor or agent from any liability, injury, damages, loss, accidents, delay, or irregularity related to the listed minor's planned participation in **FLIPSIDE CHRISTIAN CHURCH**. This release covers all rights and actions of every kind, nature, and description, which the minor and his/her parent(s)/legal guardian(s) ever had, now has, or but for the release, may have.*

\_\_\_\_\_  
(signature of parent/guardian)

For the calendar  
year of 2024

\_\_\_\_\_  
(relationship)

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE TO A MINOR

I/We the undersigned parent(s) or legal guardian(s) of the minor listed below:

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

do hereby authorize any necessary examination, anesthetic, dental or surgical diagnosis or treatment by a duly licensed physician or dentist, or at a hospital licensed by the State of California.

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(relationship)

Please list any allergies: \_\_\_\_\_

Please list any medications and information regarding those prescriptions: \_\_\_\_\_

Does your child have diabetes, hypoglycemia, medical, or behavioral disorders of which the adult youth leader should be aware? \_\_\_\_\_

Does your child have a history of seizures? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child a proficient swimmer? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide any other helpful health information: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

## OVER-THE-COUNTER MEDICATION RELEASE

By indicating "Y" beside the listed over-the-counter medications and signing below, I authorize a representative of Flipside Christian Church and/or medical professionals to administer said medication in accordance with label instructions if requested by my child.

Advil \_\_\_\_\_

Tylenol \_\_\_\_\_

Benadryl \_\_\_\_\_

NyQuil/DayQuil \_\_\_\_\_

Tums \_\_\_\_\_

Pepto Bismol \_\_\_\_\_

Imodium AD \_\_\_\_\_

Dramamine \_\_\_\_\_

Tetanus Shot \_\_\_\_\_

Prescription Meds sent w/Student \_\_\_\_\_