

FPCC Permission Slip

Student's Name _____ Home Phone: _____

Address: _____ Other Phone: _____

City, State, Zip: _____ Birthdate: _____

I give my permission for my above-named child to participate in:

Event: Trailblazer (5th/6th Grade) Retreat at Portage Lake Dates: March 12-14, 2010

I hereby release Forest Park Covenant Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of the activity, as agent for me, to consent to any X-ray examination: medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of Parent or Legal Guardian

Date

Emergency Phone Number

Medical Information

Allergies (to medicine or environment): _____

Medications being taken: _____

Physical Handicaps or Limitations: _____

Other Pertinent Concerns: _____

MEDICAL INSURANCE INFORMATION

Medical Insurance Company: _____

Policy Numbers: _____
(Group Number, Certificate Number etc.)

Member's Name: _____

Company to call: _____

Preauthorization Phone Number: _____