

Permission Slip and Health Form- Regular Youth Events

_____ has our permission to attend _____
(Name of child) (Event Name)
with the South Trail Church of Christ Youth Group on _____.
(Date)

This authorization is given for all regular youth events for rest of 2013. We also give permission for our child to travel on this trip by car or passenger vans.

We authorize **Brian Henegar and/or other adult chaperones with South Trail Church of Christ** as temporary guardians to obtain any medical or surgical care deemed necessary in the emergency room for _____ who is my son/daughter.

(Name of child)

We grant permission for the emergency room doctor or whom he designates to care for my son/daughter.

Age _____ Date of birth _____ Year of graduation _____

Do you have health insurance _____ Name of insurance _____

Policy Number _____

X _____
(Signature of parent/guardian)

X _____
(Signature of parent/guardian)

(Address, City, State, Zip)

(Phone Number)

(Phone Number)

Emergency Contact _____
(Name, Relationship, Phone Number)

Doctor _____

Drs. Phone Number _____

In consideration of the benefit to be derived, and having full confidence that every precaution will be taken to ensure the safety and well-being of my child during this activity, I hereby agree to his/her participation and waive all claims against the coordinators of this activity and agents or representatives of the South Trail Church of Christ.

Parent or Guardian Signature: _____

Date _____

1. What diseases has he/she had? (Circle) measles-mumps – whooping cough – scarlet fever – tonsillitis – rheumatic fever – impetigo – bronchitis – infantile paralysis, trench mouth – head lice – pneumonia – meningitis – chicken pox.
2. Has he/she had any physical disability? Yes _____ No _____ What? _____
3. Does he/she have any allergies? Yes _____ No _____ What? _____
4. Does he/she take any medication? Yes _____ No _____ What? _____
5. Has he/she had a tetanus shot? Yes _____ No _____
6. Is your child subject to (check appropriate blanks)
___ Headaches ___ Talking in sleep ___ Spasms ___ Draining ears ___ Nose bleeds ___ Sleep Walking
___ Hay Fever ___ Nightmares ___ Motion Sickness ___ Bed wetting ___ Asthma ___ Indigestion
___ Fainting ___ Sinus infection ___ Hysteria
7. Is there anything else that we should know about your child?