

Permission Slip and Health Form- Special/Overnight Events

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

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?