

**Collins & West Hartland
United Methodist Churches
4290 Hartland Center Rd.
Collins, OH 44826**

EVENT PERMISSION SLIP

To Whom It May Concern:

_____ has my permission to go with the
(name of child / youth)
_____ on the following event _____
(name of group) (event)
at _____ on _____
(location of event) (date of event)

(Parent/ Guardian Signature and date signed)

Phone number where parent(s)/guardian may be reached in case of emergency during the event:

Alternate contact in case parent(s)/guardian cannot be reached:

Medical/ Health Information

Allergies, medication, hay fever, insect bites, asthma, food, other, please list: _____

Other pertinent health history information: _____

Does your child/youth have any conditions that would prevent him/her from fully participating in this program? If yes, please explain: (specific activities/foods to avoid)

(over)

List any medication to be taken during the event, which will be kept by the leaders during the event:

Preferred Doctor _____ Phone _____

Preferred Dentist _____ Phone _____

Preferred Eye Doctor _____ Phone _____

Medical Specialist _____ Phone _____

Preferred Hospital _____ Phone _____

Hospitalization Plan and Group Number _____

RELEASE FROM LIABILITY

I understand that there is a risk involved in my child participating in this event and I covenant not to hold the Collins or West Hartland United Methodist Churches, and the adult leaders of the event, responsible should my child be injured.

EMERGENCY MEDICAL AUTHORIZATION

I GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT BY A CERTIFIED FIRST AIDER. In the event that additional treatment is needed, the staff of the Emergency Room of the hospital listed above, or the one closest to the event location, has my permission to treat my child/youth.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (print) _____

Address _____

Phone (Home) (_____) _____ (Work) (_____) _____