

HILLSIDE UNITED METHODIST CHURCH

PERMISSION SLIP, MEDICAL RELEASE, AND LIABILITY WAIVER

Function: Jr. Hi Winter Retreat

Place: Panama City Beach, FL

Dates: Jan. 15-17, 2011

Travel: Motorcoach

I, _____, hereby give my permission and approval as parent and/or guardian for _____ to participate in the **Jr. Hi Winter Retreat, January 15-17, 2011**. It is my understanding that this trip and the activities of this trip are approved by the church and is appropriately chaperoned. I hereby release Hillside United Methodist Church, its staff, and volunteers from responsibility and liability for any injury, illness, medical bills, or loss of life that my child may sustain during these activities.

In the event of an emergency, I hereby authorize an adult leader from the Hillside UMC group to act as an agent for me and to consent to any x-ray examination, medical, dental or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, dentist, (as appropriate) licensed to practice under the laws of the state where the services are rendered, whether at a doctor's office or in any hospital. I expect to be contacted as soon as possible in the case of such injury that requires medical attention.

Parent(s) or Guardian's Name: _____

Address: _____

Phone #: (H) _____ (W) _____

(C) _____ (Other) _____

Parent email: _____

Student email: _____

Insurance Company: _____

Policy Number: _____

Emergency Phone #: _____

Family Physician: _____ Phone _____

Student's Height and Weight _____

Date of last DPT or DT booster? _____

Any operations, illness, or injuries during past year? _____

Medications: _____

Allergies: _____

What treatment is required for allergy? _____

Special Instructions _____

Parent or Guardian's Signature

Date