

Permission Slip/Medical Release

Event: _____ Date(s): _____ Location: _____

Name _____ Age _____

Parent or Guardian Name _____

Home Address _____

Social Security # _____ Home Phone # _____

Emergency Phone # _____ Work Phone # _____

Insurance Co. _____ If None, Please Check _____

Insurance Policy # or Group # _____

Known Medical Conditions: _____

Allergies: _____

Medications: _____

Contact Lenses? _____

Last Tetanus Immunization? _____

Will You Allow Blood Transfusions? Yes / No _____ Initials of Parent/Guardian

Anything else we should know? _____

Authorization of Consent to Treatment of Minor:

(I)/(We), the undersigned parent(s) of _____ a minor, do hereby authorize Kimberly Greway, Associate Pastor of The Mt. Lebanon United Methodist Church, as an agent for the undersigned to consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician may deem advisable, only in the event a parent or guardian cannot be reached.

It is also understood that in the event your child is disruptive, disobedient, out of control, or a hindrance to the activity, authorization is given to call me (the parent or guardian) to come pick up my child and take him/her home.

Release of Mount Lebanon United Methodist Church:

_____ (Parent or Guardian Name) shall indemnify , hold free and harmless, assume liability for, and defend Mt. Lebanon United Methodist Church, its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to, attorney's fees, reasonable investigative and discovery costs, court cost, and all other sums which Mt. Lebanon United Methodist Church, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of _____ (Child's name) use of real or personal property belonging to Mt. Lebanon United Methodist Church, its agents, servants, officers, and directors, or action of omission by _____ (Child's name).

Parent or Guardian Signature _____