

Family Name _____ Date Form Completed _____

LRBC PERMISSION SLIP/EMERGENCY RELEASE FORM

Youth's Name: _____ Grade _____ DOB _____
Male/Female _____ Address _____ City _____ St/Zip _____
School _____ Parent (s)/Guardian Name _____ Home
Phone _____ Work Phone _____ Other _____ Physician's
Name _____ Phone _____ Health Insurance Co. _____
Member SS # _____ Policy # (if different) _____ Group # _____
Phone # _____

Pertinent Medical Information (including drug allergies, chronic conditions, current medications, other)

IN CASE OF EMERGENCY, PLEASE CONTACT ONE OF THE FOLLOWING PERSONS:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

PERMISSION TO TRAVEL AND PARTICIPATE / LIABILITY RELEASE:

I/We, _____ the parent (s)/guardians of _____, a minor, do hereby give him/her permission to travel with the youth group of Lone Rock Bible Church and to participate in all youth activities and functions. We understand that our child may be traveling via public or private transportation (for example: car, bus, boat, van, plane). We hereby recognize the inherent risk associated with the various youth activities and forms of travel, and agree to save and hold harmless Lone Rock Bible Church and their employees, volunteers, and agents from any liability or expense that may arise from my child's participation in youth events and any travel related incidents going to and from such event.

*Signature of Parent/Guardian _____ Date _____

*Signature of Parent/Guardian _____ Date _____

PERMISSION TO DISPENSE OVER THE COUNTER MEDS AND FIRST AID:

I/We, _____ the parent (s)/guardians of _____, a minor, do hereby give my son/daughter permission to take the following "over the counter" medications as needed for minor aches and pains, under the supervision of church personnel. Circle any and all that apply --Immodium --Antacid --Dramamine -- Benadryl --Sudafed --Acetaminophen (Tylenol) --Ibuprofen --Advil --Triaminic Cough Syrup --Midol --
Other _____

*Parent/Guardian Signature _____ Date _____

*Parent/Guardian Signature _____ Date _____