



**PLYMOUTH
ALLIANCE CHURCH**

Permission Slip/Emergency Information-Medical Release

Full Name of Student: _____ **Grade:** _____

Address: _____

City: _____ **Zip:** _____ **Phone:** _____ **Birthday:** _____

Father/Legal Guardian Name: _____ Same as Participant's Residence? Yes No

Employer: _____ **Work Phone:** _____ **Cell Phone:** _____

Mother/Legal Guardian Name: _____ Same as Participant's Residence? Yes No

Employer: _____ **Work Phone:** _____ **Cell Phone:** _____

Name of local Emergency Contact person to be notified when a parent is not available: _____

Emergency Contact's Relationship to Participant: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Plymouth Alliance Church's insurance is secondary insurance. If you have medical insurance your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on any Plymouth Alliance Youth event.

Insurance Carrier: _____ **Policy number:** _____

Insurance Carrier Phone: _____ **Name on Policy:** _____

Physician's Name: _____ **Phone:** _____

Dentist's Name: _____ **Phone:** _____

Medications and dosages: _____

Medical conditions/limitations/restrictions: _____

Allergies: (please specify)

Insect Stings: _____ **Medication:** _____

Foods: _____ **Other:** _____

Date of last Tetanus Shot: _____

The student listed above has my permission to travel with and attend the Youth activities/events between the dates of **September 1, 2023 & August 31, 2024** that is sponsored by the Plymouth Alliance Church. In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by a Plymouth Alliance Church representative to hospitalize, secure proper treatment, and/or injection, anesthesia, or surgery for my child as deemed necessary.

Every activity sponsored by Plymouth Alliance Church is carefully planned and adequately supervised by mature adults. However, even with the best planning and precaution, unforeseen events can occur. By signing this form, the parent(s) or guardian(s) agree to assume and accept all risks and hazards inherent in Plymouth Alliance Church activities. They also agree not to hold Plymouth Alliance Church, its agents, or anyone else liable for damages or injuries to the person or property of the participant listed above.

Although it is the policy of Plymouth Alliance Church to have each activity supervised by at least two (2) approved adults, there may be instances when the ratio is 1:1. I acknowledge and agree with this supervision policy.

Signature of Parent or Legal Guardian: _____ **Date:** _____

If there is additional information you feel would be helpful, please include it on the reverse side of this form.