

**Mother Lode Church**  
**2010-11 Annual Permission Slip a. Medical Release**

This form will be kept on file and used in the event of a problem or emergency for your son or daughter. **Please Note: Parents are responsible for ensuring that Mother Lode Church has the most current information regarding their son or daughter. A new Permission Slip must be filled out and on file if there are any changes to the following: Insurance provider, doctor, meds used, emergency contacts and phone numbers, etc.**

***Please Print Clearly***

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_, \_\_\_\_\_

Cell phone #(s): \_\_\_\_\_, \_\_\_\_\_

(*Student's name goes here*) \_\_\_\_\_ has the permission of the undersigned to participate in Mother Lode Church activities for **April 1, 2010 to March 31, 2011**. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. The individual action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant. I do hereby release Mother Lode Church, its officers, its employees, agents and members of its Board from all claims and causes of action by reason of an injury, which may be sustained as a result of these church activities.

Participant's Health Insurance Carrier:

\_\_\_\_\_ Policy #: \_\_\_\_\_

In the event that I / we can't be reached, an emergency call may be made to:

\_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

**Signature of Parent or Guardian: (required)**

\_\_\_\_\_ Date: \_\_/\_\_/\_\_

**Student's Medical Update**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last Tetanus injection: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Any Special medical instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If necessary continue on the other side)