



# 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 Emergency Contact to be notified when parent is not available: \_\_\_\_\_

Emergency Contact's Relationship to Participant: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Plymouth Alliance Church's insurance is a 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: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

I give Plymouth Alliance Church permission to post pictures of my child/children online or in printed form

I do not give Plymouth Alliance Church permission to post pictures of my child/children online or in printed form

The student listed above has my permission to travel with and attend the Youth activities/events between the dates of September 1, 2020 & August 31, 2021 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, to secure proper treatment, and/or an 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 of 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: \_\_\_\_\_