

Generic Permission Slip

(Use this form for any Hillside Student Ministry activities)

Hillside Covenant Church Consent/Release Form

Name _____ Phone _____

Address _____ City & Zip _____

Birthday _____ Age _____

I give permission for my above named child to join Hillside Covenant Church for:

_____ (name of event/activity), on _____ (date).

I hereby release Hillside Covenant church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this excursion. I/we further understand, that we and/or our insurance carrier assume full responsibility for all payments and costs of said emergency treatments. In the even of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of Natural Parent of Legal Guardian

Date _____ Emergency Phone Number _____

Medical Information:

Allergies _____

Medications being taken _____

Physical handicaps or limitations _____

Medical Insurance Company _____

Be sure to include any deposit necessary for activity desired