**CITY LIGHT CHURCH**

Last Name:

**Permission Slip/Emergency Release Form**

**4645 E Silver Springs Blvd • (352) 401-5683**

**Student 1**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:  Male  Female

High School Graduation Year: \_\_\_\_\_

Medical Needs (list allergies, medications, and other pertinent issues):

**Student 2**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:  Male  Female

High School Graduation Year: \_\_\_\_\_

Medical Needs (list allergies, medications, and other pertinent issues):

**Student 3**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:  Male  Female

High School Graduation Year: \_\_\_\_\_

Medical Needs (list allergies, medications, and other pertinent issues):

Physician’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_

Hospitalization Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please provide a copy of a valid medical insurance card for your child/dependent.***

**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 City Light 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 City Light 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

Imodium – Antacid – Dramamine – Benadryl – Sudafed – Acetaminophen (Tylenol)

Ibuprofen – Advil – Triaminic Cough Syrup – Midol – Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION OF CONSENT TO TREAT MINOR:**

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the parent (s)/guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  
a minor, do hereby authorize City Light Church youth ministry leaders, servants, employees, officers and adult volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific treatment or diagnosis but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable.

This authorization shall remain effective for up to one year from the date of completion of this form, unless sooner revoked in writing delivered to said agent(s).

**Release of Liability:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent’s name) shall indemnify, hold free and harmless, assume liability for, and defend City Light Church, its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to, medical fees, attorney’s fees, discovery costs, court costs, and all other sums associated with any claim or action founded thereon, including those arising or alleged to have arisen out of treatment of aforementioned minor. We also release Catholic Pro- Life and any agents of the committee of any liability incurred due to aforementioned minor’s use of real or personal property belonging to City Light Church its agents, employees, or volunteers.

**Media Release:**

We also release for ourselves (and or children) all rights and claims to all photographic images and video or audio recordings of ourselves or our children.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian’s Printed Name

**SUBSCRIBED AND SWORN TO BEFORE ME, this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_, 20\_\_.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Notary Public)**