



Permission / Medical Release Form 2009-2010

Name of student: _____
(please print)

I give permission for my student/child to participate in any and all youth activities for the 2009-2010 year sponsored by the Southwest Church of Christ. These activities include traveling in church buses or personal vehicles driven by sponsors of these ministry events. I also give permission to the sponsors from the Southwest Church of Christ to have a physician administer medical aid in case of emergency to my student/child named above.

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____
(please print)

Medical Contact Information

Medical problems: _____

Allergies to any medications: _____
(please list drug and type of reaction – i.e. rash, swelling, etc.)

For the benefit of the sponsors working with this student, list any medications taken by student that we should know about.

(medication, dosage and how often)
DPT or Tetanus Booster: ___ / ___ Date of Birth: ___ / ___ / ___ Sex: ___
(month) (year)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) Additional Phone: (_____)

Emergency Contact other than Parents/Guardians: _____

Emergency Contact Phone Numbers: (_____) (_____)
(Home phone) (cell or work)

Insurance Information

Policy holder's name: _____ Place of employment: _____

Name of Insurance: _____ Policy Number: _____