



# Permission Slip & Medical Information

I, the Parent/Guardian of \_\_\_\_\_ (Child's Name)

Child DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2021-22 School Grade \_\_\_\_\_,

hereby give my approval to his/her participation in any and all activities of Fox Point Lutheran Church during the period of September 1, 2021 through August 31, 2022. I assume all risks and hazards incidental to his/her participation in such activities, including transportation to and from those activities. I do hereby waive, release, absolve, hold harmless, and indemnify the Church and each of its employees, volunteers, agents and staff from any and all claims that arise from the above-named child's participation in any such activities, including, without limitation, any and all claims that arise from transporting the above-identified child. I also give the physician/hospital selected by the program supervisor for any such activity permission to secure proper treatment for the above-named child, should it become necessary. I also assume responsibility for all medical expenses incurred in the treatment of said child. Should it be necessary for the above-identified child to return home from any such activity due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Parent/Guardian #1 Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ (other than parent)

Phone: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Special Medical Conditions: \_\_\_\_\_

Medications (instructions/dosages): \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to: Lori Barrieau, Fox Point Lutheran Church, 7510 N Santa Monica Blvd, Fox Point, WI, 53217**