



Permission Slip & Medical Information

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

Child DOB: _____ / _____ / _____ 2024-2025 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, 2024 through August 31, 2025. 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: _____

Drop off at Welcome Desk or Mail to: Lori Barrieau, FPLC, 7510 N Santa Monica Blvd, Fox Point, WI, 53217