

Activity Permission Slip Grace Bible Church, Port Orchard, WA

TO WHOM IT MAY CONCERN: As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed below.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases the Grace Bible Church from any liability thereof.

Name of minor _____ **Relationship** _____

Address _____ **Phone** _____

Date or dates when release is intended _____ **Event** _____

Family Physician _____ **Phone** _____

Specific allergies, chronic illnesses or other conditions _____

Date of last tetanus shot _____

Other contact in case of emergency: Name _____ **Phone** _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ **Circle one: Father Mother Legal Guardian**

Please print the permission slip, fill it out completely and return it to the youth activity leaders.