

Permission Slip and Medical Release Form

Trinity Evangelical Free Church - Lakeville, MN

June 2011—August 2012

___ Sun. am

___ Sun. pm

___ Wed. pm

___ Other

Student's Name _____
Last First

Date of Birth _____ Age _____

Sex _____ Grade (2011-12) _____

Special Learning/Physical Needs/Disabilities _____

Allergies: Food/Medicine _____

Medications currently taking _____

Dosage _____ (if to be given at church must be brought in original container)

Student's Name _____
Last First

Date of Birth _____ Age _____

Sex _____ Grade (2011-12) _____

Special Learning/Physical Needs/Disabilities _____

Allergies: Food/Medicine _____

Medications currently taking _____

Dosage _____ (if to be given at church must be brought in original container)

(List additional children on reverse side)

Parent or Guardian's Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Person to notify in case of emergency (other than parent) _____

Home Phone _____ Cell Phone _____

Medical Insurance Carrier _____ Policy # _____

Family Doctor _____ Office Ph. # _____

- I grant permission for my son/daughter to receive transportation to and from the church for scheduled outings and events for Trinity Evangelical Free Church (TEFC) during the dates of June 1, 2011 to August 31, 2012. I authorize the church to provide transportation and hold TEFC harmless from any liability due to mishaps occurring during scheduled outings and events. ___Yes ___No
- I give my permission to any church staff or sponsor to obtain the services of a licensed physician when emergency medical treatment is required. I understand that I will be notified as soon as possible, concerning any such emergency. ___Yes ___No
- I give permission to use a photo of my child for F.U.E.L. Ministry promotions. ___Yes ___No

Parent/Guardian's Signature: _____ Date _____

Student's Name

_____ Last

_____ First

Date of Birth _____ Age _____

Sex _____ Grade (2011-12) _____

Special Learning/Physical Needs/Disabilities

Allergies: Food/Medicine _____

Medications currently taking

Dosage _____ (if to be given at church must be brought in original container)

Student's Name

_____ Last

_____ First

Date of Birth _____ Age _____

Sex _____ Grade (2011-12) _____

Special Learning/Physical Needs/Disabilities

Allergies: Food/Medicine _____

Medications currently taking

Dosage _____ (if to be given at church must be brought in original container)

Student's Name

_____ Last

_____ First

Date of Birth _____ Age _____

Sex _____ Grade (2011-12) _____

Special Learning/Physical Needs/Disabilities

Allergies: Food/Medicine _____

Medications currently taking

Dosage _____ (if to be given at church must be brought in original container)

Student's Name

_____ Last

_____ First

Date of Birth _____ Age _____

Sex _____ Grade (2011-12) _____

Special Learning/Physical Needs/Disabilities

Allergies: Food/Medicine _____

Medications currently taking

Dosage _____ (if to be given at church must be brought in original container)