

Permission Slip

Event: **2010 Boys to MEN Retreat** Event Date: **May 14 & 15, 2010**

I give permission for my child to attend the **Boys To MEN Retreat** sponsored by Southport United Methodist Church. I hereby release them from responsibility and liability for any illness or injury that my child may sustain during this activity.

In the event of a medical emergency, I declare that I am the child's parent or legal guardian and hereby authorize youth leaders of Southport United Methodist Church, as agents for me, to consent to X-ray exams, and other medical, dental, or surgical diagnosis and treatment, advised and supervised by a physician, surgeon or dentist. This authorization extends to an emergency room treatment, and admission and treatment as an inpatient, considered necessary by the attending physician. I understand that, in the event of such an emergency, I will be contacted as soon as possible.

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

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

Parent's Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

If I am unreachable in an emergency, contact: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contract Number: \_\_\_\_\_

Date of Last tetanus immunization \_\_\_/\_\_\_/\_\_\_ Has he/she previously had penicillin? \_\_\_\_\_

List any medication or food to which he/she is allergic: \_\_\_\_\_

List any current medical problems or medicine: \_\_\_\_\_