

HILLTOP CHURCH
2020 Permission Slip & Medical Release Form



One Form Per Student Please

CONTACT INFORMATION

Student's Name: _____ Grade: _____ Birthdate: / /

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Email: _____

Street Address _____

City _____ State _____ Zip _____

Emergency Contact Name (**not listed above**): _____

Emergency Contact Phone: _____ Relationship to Student: _____

PERMISSION SLIP (Event Participation Authorization)

The undersigned does hereby give permission for (your student's name) _____,
to attend and participate in activities sponsored by Hilltop Church for the 2020 year.

MEDICAL RELEASE (Authorization of Consent to Treat a Minor)

We (I) authorize Hilltop Church, its adult agents and employees, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to his/her authorization.

Health Insurance Co. _____ Policy Number _____

List any allergies or medical conditions _____

Parent/Legal Guardian Signature _____ **Date** _____