

Permission Slip, Medical and Media Release Form

Eagan Hills Alliance Church - Eagan, MN

September 2011-August 2012

Student's Name _____

Last

First

Address _____ City _____

State _____ Zip _____ Date of Birth _____ Grade in 2010/2011 _____

Parent or Guardian's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

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

Home Phone _____ Work Phone _____ Cell Phone _____

Medical Insurance Carrier _____ Policy # _____

Allergies: Food _____ Medicine _____

Chronic/reoccurring illness, or recent injuries _____

Medications currently taking _____

Dosage _____ Family Doctor _____

Office Ph. # _____ Additional Concerns: (i.e. learning disabilities,

physical limitations, etc.) _____

I grant permission for my son/daughter to receive transportation to and from the church for scheduled outings and events for Eagan Hills Alliance Church during the dates of September 1, 2011 to August 31, 2012. I authorize the church to provide transportation and hold Eagan Hills Alliance Church harmless from any liability due to mishaps occurring during scheduled outings and events. In the event of an emergency where medical treatment is required, I give my permission to any church staff or sponsor to obtain the services of a licensed physician. I understand that I will be notified immediately, or as soon as possible, concerning any such emergency.

Parent/Guardian's Signature: _____ **Date** _____

In addition to the above, I further authorize Eagan Hills Alliance Church to use photos or videos taken of my son/daughter at Eagan Hills Alliance Church events for Eagan Hills Alliance Church promotional purposes. At no time will Eagan Hills Alliance Church photos/videos be used by unrelated organizations.

Parent/Guardian's Signature: _____ **Date** _____