

# Permission Slip & Health Form

\_\_\_\_\_ has our permission to attend \_\_\_\_\_

We also give permission for our child to travel on this trip by car or passenger vans.

We authorize **Darrel and Trudy Ashby** as temporary guardians to obtain any medical or surgical care deemed necessary in the emergency room for \_\_\_\_\_ who is my son/daughter.

We grant permission for the emergency room doctor or whom he designates to care for my son/daughter.

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Year of graduation \_\_\_\_\_ Do you have health insurance \_\_\_\_\_

Name of insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
(Signatures of both parents or guardians)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Cell Number)

Emergency Contact \_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Phone Number)

Doctor \_\_\_\_\_

\_\_\_\_\_  
(Phone Number)

**In consideration of the benefit to be derived, and having full confidence that every precaution will be taken to ensure the safety and well-being of my child during this activity, I hereby agree to his/her participation and waive all claims against the coordinators of this activity and agents or representatives of the South Trail church of Christ.**

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- .....
1. What diseases has he/she had? (Circle) measles-mumps - whooping cough - scarlet fever - tonsillitis - rheumatic fever - impetigo - bronchitis - infantile paralysis, trench mouth - head lice - pneumonia - meningitis - chicken pox.
  2. Has he/she been ill in the last three weeks? Yes \_\_\_\_\_ No \_\_\_\_\_ What? \_\_\_\_\_
  3. Has he/she had any physical disability? Yes \_\_\_\_\_ No \_\_\_\_\_ What? \_\_\_\_\_
  4. Does he/she have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ What? \_\_\_\_\_
  5. Does he/she take medication? Yes \_\_\_\_\_ No \_\_\_\_\_ What? \_\_\_\_\_
  6. Has he/she had a tetanus shot? Yes \_\_\_\_\_ No \_\_\_\_\_ What? \_\_\_\_\_
  7. Is your child subject to (check appropriate places)  
\_\_\_ Headaches      \_\_\_ Talking in sleep      \_\_\_ Spasms      \_\_\_ Draining ears      \_\_\_ Nose Bleeds  
\_\_\_ Sleep Walking      \_\_\_ Hay Fever      \_\_\_ Nightmares      \_\_\_ Motion Sickness      \_\_\_ Bed wetting  
\_\_\_ Asthma      \_\_\_ Indigestion      \_\_\_ Fainting      \_\_\_ Sinus infection      \_\_\_ Hysteria
  8. Is there anything else you can think of that we should know?