

## Generic Permission Slip/Medical Release Form

# 50-Mile Radius Trip

White River Christian Church 1685 N. 10th Street • Noblesville, IN 46060

www.wrcc.org • (317) 773-2233 • fax (317) 776-0356

This form is valid for the White River Christian Church High School Service project on Thursday, August 4, 2011, within 50 miles of the White River Christian Church campus. The individual's insurance will serve as the primary form of coverage with the church policy as secondary.

Student's Name \_\_\_\_\_ Grade (in fall of 2010) \_\_\_\_\_ Gender M F

Parents' or Guardians' Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Alternate Emergency Contact Name \_\_\_\_\_

Alternate Emergency Contact Phone \_\_\_\_\_

Health Insurance Company Name \_\_\_\_\_

Health Insurance Company Phone \_\_\_\_\_

Health Insurance Policy Number \_\_\_\_\_

### **MEDICAL INFORMATION (use back of form if necessary)**

List any medications\* student is currently taking.

Name \_\_\_\_\_ Purpose \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) Taken \_\_\_\_\_

Name \_\_\_\_\_ Purpose \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) Taken \_\_\_\_\_

Name \_\_\_\_\_ Purpose \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) Taken \_\_\_\_\_

List any known food or drug allergies. \_\_\_\_\_

\*All medications must be in original containers and must be given to an adult leader to be dispensed. Students should not carry medications with them without leader's knowledge.

I hereby give permission for my child to participate in the the White River Christian Church High School Service Project on Thursday, August 4, 2011, in Indianapolis, IN. In the event of an emergency where medical treatment is required, I give permission to the church staff or sponsor to obtain medical treatment and/or medical procedures that may be required.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_