

Heritage Community Church Permission Form

I do hereby give permission for my son/daughter, _____ to attend an overnight event **from (date)** _____, sponsored by the Student Ministry Department of Heritage Community Church. My permission is also granted for the adult chaperones of Heritage Community Church in charge to obtain necessary medical attention in case of sickness or injury to my son/daughter while on this event and I understand that I will be responsible for any expenses incurred. I, the undersigned, do hereby verify that the below information is correct and I do hereby release and forever discharge all sponsors of The Student Ministry Department and Heritage Community Church, demands, actions or cause of action, past, present, or future arising out of any damage or injury while my son/daughter is participating in this event.

Dated this ____ day of _____, 20____ State of Florida County of Lake

Parent Signature _____

On this the ____ day of _____, 20____, personally appeared before me _____ personally known by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal.

Notary

My Commission Expires:

Student Name _____ Age/Grade ____/____

Address _____ Phone # _____

In Case of Emergency _____ Phone # _____

Family Doctor _____ Phone # _____

Insurance Company _____ Phone # _____

Policy# _____

Immunizations: ____ Tetanus ____ Polio ____ Measles ____ Mumps

Past Medical History:

____ Asthma ____ Sinusitis ____ Bronchitis ____ Kidney Trouble ____ Heart

____ Diabetes ____ Dizziness ____ Stomach Upset ____ Hay Fever

Allergies:

Food _____ Penicillin or other drug _____

Insect bites _____ Poison Oak, Ivy, Sumac _____

Other _____

Previous Surgery _____

Current Medications _____

Childhood Diseases:

____ Chickenpox ____ Measles ____ Mumps ____ Whooping Cough

____ Other: _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD WITH THIS REGISTRATION.