

## 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.**