

westgatechurch Permission Slip

*This form must be completed by all youth participating in all Junior & Senior High church sponsored activities.
Please print clearly.*

Permission applies to period beginning: October 1, 2017 through September 30, 2018

Student Name: _____ Date of Birth: _____
Address: _____ Phone (home): _____
_____ Phone (cell): _____
_____ Email: _____

Medical Insurance Company: _____

Address of Company: _____

Phone Number of Company: _____

Policy #: _____ Subscriber's Name: _____

Physician: _____ Physician Phone: _____

Date of last physical: _____

Medical History: Is there anything of which we should be aware if emergency medical treatment is sought or is pertinent to normal activities (e.g. allergies, concussions, heart issues, etc)? Yes ___ No ___

If yes, please explain:

Date of last Tetanus booster: _____

I/we the parent(s) or legal guardian(s) of the above named child, give permission for participation in the activities sponsored by Westgate Church of Weston, MA, for the time period above. I/we give our authorization for representatives of Westgate Church to secure medical treatment necessary for the welfare of my/our child. I/we will not hold the leaders of Westgate church responsible for any injuries or loss in the event of an accident, however it may occurs.

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Additional Contact person:

Name: _____ Phone: _____