



## MVCC PERMISSION SLIP

### STUDENT'S INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthday: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to the participant: \_\_\_\_\_

### INSURANCE INFORMATION

Does the participant have health insurance?  Yes  No

If yes, insurance company & policy #: \_\_\_\_\_

Name of primary care physician: \_\_\_\_\_

Phone # of primary care physician: \_\_\_\_\_

Please list any physical problems, limitations, allergies, or significant medical history which may be needed in case of an emergency. Also list any medications which your son/daughter is currently using.

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I hereby give my permission for my son/daughter to attend the activity listed above. I also give permission for my son/daughter to receive any medical attention that may be deemed necessary.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MOUNTAINVIEW**  
COMMUNITY CHURCH

1678-P S. Beaver Creek Rd. Oregon City, OR 97045