

**YOUTH ACTIVITY/EVENT PERMISSION SLIP**  
**MEDICAL RELEASE FORM**  
**Eastern Hills Community Church**  
**PO Box 1355 Port Angeles, WA 98362**  
**(360) 681-4367**

The Eastern Hills Community Church provides regularly scheduled youth activities for the young people that attend. Some of these events are not confined to the church grounds. By signing this form, you are extending permission for your child's attendance at the youth event. Whether on the church grounds, while traveling to and from another location, and while participating in any event off the church grounds. This applies to events/activities sponsored by Eastern Hills Community Church or by another group in which Eastern Hills Community Church is a participant.

A copy of this form will be filed at the church, and copies will be provided for the youth leader(s) that will be responsible for your child. In case of a medical emergency, this form will grant permission for any authorized youth leader to seek and secure medical treatment and/or surgery for your child if necessary. (We will ALWAYS first attempt to contact you using every means available to us before proceeding with the use of the medical release form).

**PERMISSION:** I hereby give permission for my child, \_\_\_\_\_ to participate in the activities/event sponsored by Eastern Hills Community Church.

**EMERGENCY:** In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, or surgical procedure or treatment and/or hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood the the resulting expenses will be the responsibility of the parent(s) or participant.

**STUDENT CONDUCT:** I fully understand that my child is to accept and obey all rules and requirements governing conduct attending church sponsored trips, events, and activities. It is understood that any child determined to be in violation of these standards may be disallowed further participation in the activity, and that I may be called and asked to come and remove the child from the responsibility of the Eastern Hills Community Church personal.

**LIABILITY RELEASE:** I, the undersigned, hereby release and discharge Eastern Hills Community Church, its officers, employees, agents, and servants, from all liability arising out of or in connection with church activities or trips that result from any cause other than the negligence of the church.

**PARENT/GUARDIAN INFORMATION**

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

Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Alternate Contact Address: \_\_\_\_\_

**STUDENT/MEDICAL INFORMATION**

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

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**MEDICAL CONDITIONS, ALLERGIES, MEDICATIONS, ETC.**

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date