



Single Event Permission Slip

Student's Name _____ **Grade** _____ **Event** _____

**This permission slip is only valid for the event indicated above

Health Insurance Carrier _____ **Policy #** _____

Birthdate ___/___/____ **Last Tetanus Injection Date** ___/___/____

Current Medications _____

Allergies _____

Special Medical Instructions (Please attach separate sheet if necessary)

Emergency Contact (Full Name) _____

Whose Number Is (_____) _____-_____

(Student's name) _____ has the permission of the undersigned to participate in the activity indicated above. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. The individual action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant. Insurance afforded by Woodville Grace Brethren of Mansfield, Ohio is an excess insurance, over any and all valid and collectable insurance coverage available to or for such person, as expressly named above.

Signature of Parent/Guardian _____

Printed Name _____ **Date** ___/___/____