



SPECIAL EVENT PERMISSION SLIP
Youth Ministry • First Congregational Church of Hamilton

I give permission for my child, _____

to participate in _____

I give consent for a physician to provide medical or surgical care for my child should an emergency arise under which such action is indicated. It is understood that an effort will be made to notify me before any medical or surgical action is taken.

I, the undersigned guardian of _____, a minor, do hereby authorize the following person(s) _____ as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon. Such diagnosis or treatment can be rendered at the office of said physical or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of her/his best judgment may deem advisable.

My child is allergic to the following food and/or medication: _____

My child is taking the following medication on a regular basis: _____

(Mother) Home phone number: _____ Cell Number: _____

(Father) Home phone number: _____ Cell Number: _____

Health Insurance: _____

Policy Number: _____

Person to contact if we cannot be reached:

Name: _____ Phone: _____

Parent/Guardian's Signature

Date: Month / Day / Year