

# SIERRA BIBLE CHURCH

## Parent/Guardian Voluntary Event Permission, Waiver and Medical Authorization

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\_\_\_\_\_ has my permission to attend the following event(s).

Event: \_\_\_\_\_

Date(s): \_\_\_\_\_ Departure time: \_\_\_\_\_ Arrival time: \_\_\_\_\_

People/Person in Charge: \_\_\_\_\_

Health Needs: (initial as appropriate)

\_\_\_\_\_ My child has NO health needs the staff should be aware of and NO medication required on the trip or at this event.

\_\_\_\_\_ My child HAS a special health need of \_\_\_\_\_ and the following medication should be given to the person in charge to have along:

\_\_\_\_\_

\_\_\_\_\_ My child can receive 'Over the Counter' drugs if needed.

\_\_\_\_\_ My child is allergic to \_\_\_\_\_

In the event of illness or injury, I hereby consent to any of the following that may be necessary: X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment by an attending physician, surgeon, dentist or as performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all the rules and regulations governing conduct during the trip. If my child's conduct is inappropriate or potentially harmful to himself/herself or others attending, I will be responsible to pick them up at my expense.

I understand that I hold Sierra Bible Church, its employees and volunteers, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Student's date of birth

\_\_\_\_\_  
Family Medical Insurance Holder

\_\_\_\_\_  
Policy Number

***In case of emergency, we will attempt to contact the following people before using the above consent:***

**Name**

**Relationship to Student**

**Telephone #**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_