

# Morningside Baptist Church

## 2018 Event Permission Slip

**This form will be kept on file and used in the event of a problem or emergency for your student.**

Please Print clearly

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ , \_\_\_\_\_  
Cell Phone #s: \_\_\_\_\_ , \_\_\_\_\_

(Student's name goes here)

\_\_\_\_\_ has the permission of the undersigned to participate with Morningside Baptist for the \_\_\_\_\_ trip. 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 individuals acting in response to the emergency, along with Morningside Baptist Church, its members and staff will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant. Insurance afforded by Morningside Baptist Church of Brevard NC is an excess insurance, over any and all valid and collectable insurance coverage available to or for such person, as expressly named above.

Participant's Health Insurance Carrier: \_\_\_\_\_  
Policy # \_\_\_\_\_

In the event that I/we can't be reached... an emergency call may be made to:  
\_\_\_\_\_ whose phone number is (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_.

Signature of Parent or Guardian: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (signature required)

### Student's Medical Update

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of last Tetanus injection: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Current Medications: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Any Special medical instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If necessary continue on the other side)