

*covenant presbyterian church youth ministry*

## Permission Slip

Covenant Presbyterian Church  
550 Madison Ave.  
Scranton, PA 18510  
570 346 6400

### 2005 Permission Slip/Medical Release Event

Name/Participant: \_\_\_\_\_

Event(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ has permission to attend this event with Covenant Presbyterian Church . In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Youth Group/Church sponsors to hospitalize and secure proper treatment for my child as named above.

Signature (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_

#### Emergency Information

Parent's or Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Your Physician \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Group # \_\_\_\_\_

Allergies to Medicine \_\_\_\_\_

Other relevant info: \_\_\_\_\_

#### *If not available in case of emergency, notify:*

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

*Optional: (sometimes requested by hospitals)*

**A COPY OF YOUR INSURANCE CARD, FRONT AND BACK, WITH THIS FORM**

**Social security number of parent/guardian:** \_\_\_\_\_