



# High Point! Permission Slip

Date: \_\_\_\_\_

Childs Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Childs Date of Birth: \_\_\_\_\_

As the parent or legal guardian of the child named above, I authorize participation of my child in the High Point! program. In an event of a medical emergency I authorize staff members and authorized volunteers to conduct first aid to my child as needed. If it is determined by the staff or volunteers that more medical care is needed, I authorize staff members and authorized volunteers to consent to any examination, anesthetic, medical or surgical treatment and hospital care for my child which is deemed advisable by a physician or surgeon licensed under the provision of the Medical Practice Act. It is understood that this authorization is given in advance of an specific need. I assume all financial responsibility for any emergency transportation, treatment or hospitalization of the above mentioned minor. This Permission Slip is valid for one year from the date listed above. In an event of a medical emergency that requires more then first aid, we will notify you at the emergency contact number below.

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone number: \_\_\_\_\_

List of know allergies or medical conditions: \_\_\_\_\_

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

On behalf of the above person, who is a minor, I agree for said minor and for myself to be bound by all terms and conditions of the foregoing agreement, I hold Oriole Christian Assembly, its officers, board members and representatives harmless from all liabilities related to those activities.

Signature of Parent or Guardian: \_\_\_\_\_

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