

Orcas Island Community Church

Summer Kids Workshop Permission/Medical Slip

Student's Name _____ Grade _____

**This Permission Slip is valid only for the duration of the Summer Kids Workshop Program*

Student's Health Insurance Carrier _____ Policy Number _____

Birth Date ____/____/____ Last Tetanus Injection Date ____/____/____ mm dd yy mm dd yy

Current Medications _____

Allergies _____

Special Medical Instructions *(please attach separate sheet if necessary)* _____

An Emergency Call May Be Made To *(full name)* _____

Phone # of Emergency Contact _____

(Student's Name) _____ has the permission of the undersigned to participate in the activity indicated above. 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 individual action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant. Insurance afforded by Orcas Island Community Church is an excess insurance, over any and all valid and collectible insurance coverage available to or for such person, as expressly named above.

Signature of Parent/ Guardian _____ Date ____/____/____

Parent/ Guardian's E-mail Address _____