

Permission Slip / Medical Release

Pacific Southwest District Church of the Brethren

Dates of Event: _____

**Each Youth Worker, regardless of age must complete this form
Not Valid Unless Signed**

I/We hereby grant permission to the Pacific Southwest District of the Church of the Brethren to secure the services of a doctor or hospital in case of emergency, as provided in Family Code Section 6900 et seq. without obligating the District. I/We also consent and assume responsibility for the participation in the conference and expressly waive any and all claims against the Pacific Southwest District Church of the Brethren, Inc., or its representatives, on account of injury or other damages that may be incurred to this participant or their property:

Print Your Name:	Date:
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Your signature:	Your Age:
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Insurance Company:

Emergency Phone #s during conference ()

Medical History, check-off & fill-in:

<input type="checkbox"/> Headaches	<input type="checkbox"/> Abdominal Pains	<input type="checkbox"/> Asthma
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<input type="checkbox"/> Seizures	<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Walk/Talk in Sleep
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Allergies, type of Allergic Reaction:

Last Tetanus Shot Date:

Medications: list regular medications & dosage; list any allergies to medicine:

Doctor's Name(s) and Phone # ()

Dentist's Name(s) and Phone # ()

Additional information, special needs / circumstances: