

# Destiny Church Permission Slip/Medical Release

**NOTE: This form must be filled out completely to attend an event.**

\_\_\_\_\_  
Event Name Event

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

\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Street Address, City, State & Zip

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent/Guardian Name(s)

\_\_\_\_\_  
Phone # **DURING THE EVENT**

\_\_\_\_\_  
Second Emergency Contact Name/relationship

\_\_\_\_\_  
Phone # **DURING THE EVENT**

\_\_\_\_\_  
Student's Physician & Phone

\_\_\_\_\_  
Insurance Covering Student

\_\_\_\_\_  
Insurance Policy Holder Name

\_\_\_\_\_  
Policy Number

Does your student have any allergies or medical conditions? Please list them:

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

Is your student currently taking any medications? Please list them and instructions:

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

**PLEASE READ CAREFULLY – RELEASE MUST BE SIGNED**

**Emergency Authorization** (from above)

I the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the staff, leaders, assistant leaders or chaperones attending this event acting in the capacity of activity supervisors/vehicle drivers, as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact above emergency contact.

**Waiver of Liability And Disclaimer**

I the parent, or guardian, of the above named individual acknowledge that participation in energetic youth/children's activities and/or events necessarily involves risk of physical injury. I further acknowledge that the programs of Destiny Church youth & children's ministry are primarily administered by volunteers, rather than paid professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless the Ohio District Council, Inc., or Destiny Church, their employees or those supervising the event responsible from any claims arising out of or relating to any physical injury or material loss that may result to said individual while participating in the event listed below. Including physical injury by the negligence of any volunteer or representative while supervising or chaperoning any event. I understand that adequate precaution will be taken for the safety of my child at all times. I consent for my child's picture or likeness to be used in promoting this event or other Destiny Church events, including but not limited to the Destiny Church website.

**Pick-up Policy**

I understand my child's failure to abide by the rules set out by Destiny Church will result in my being called, told to pick up my child immediately, and the dismissal of my child from the event without the possibility of a refund. I have discussed this consequence with my child. Finally, I agree to arrive on time to pick up my child from this event.

\_\_\_\_\_  
**Parent/Guardian Signature (If child is 18 & under)**

\_\_\_\_\_  
**Child/Youth Signature**

<b>Office Use Only</b>	
Event	_____
Total Paid:	_____
Outstanding Balance:	_____
Check #	_____
Initials:	_____