

Event: GET REAL WEST, Missoula November 11-12, 2016
Permission Form Valid Date: November 11-12, 2016

Student Name: _____ Gender: _____ Grade (Fall '16): _____
Birthdate: ____/____/____

Parent(s) Names: _____

Address: _____ City/State/Zip: _____

Primary Phone #: _____ Other Phone #: _____

Home Church/Youth Group: _____

Medical Release Information

Medical Allergies: _____ Food Allergies: _____

Communicable Disease? _____ Taking medication? (If yes, please list): _____

Known medical conditions: _____

Insurance Carrier: _____ Policy #: _____

Physician: _____ Phone: _____

Permission to treat:

I, _____ (parent name, please print), parent/legal guardian of _____ (student), give consent to treatment, in case of emergency, at the nearest medical facility. I have given all relevant medical information on this form to aid the medical staff. I understand that I will be contacted at the first possible opportunity, should any medical attention be necessary. I agree to hold MTSBC, Crosspoint, and chaperones free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will ultimately be responsible for the cost of any medical care. I also understand my student may appear in group photos & videos that may be used for future promotional use.

Parent Signature: _____ Date: _____

Event: GET REAL WEST, Missoula November 11-12, 2016
Permission Form Valid Date: November 11-12, 2016

Student Name: _____ Gender: _____ Grade (Fall '16): _____
Birthdate: ____/____/____

Parent(s) Names: _____

Address: _____ City/State/Zip: _____

Primary Phone #: _____ Other Phone #: _____

Home Church/Youth Group: _____

Medical Release Information

Medical Allergies: _____ Food Allergies: _____

Communicable Disease? _____ Taking medication? (If yes, please list): _____

Known medical conditions: _____

Insurance Carrier: _____ Policy #: _____

Physician: _____ Phone: _____

Permission to treat:

I, _____ (parent name, please print), parent/legal guardian of _____ (student), give consent to treatment, in case of emergency, at the nearest medical facility. I have given all relevant medical information on this form to aid the medical staff. I understand that I will be contacted at the first possible opportunity, should any medical attention be necessary. I agree to hold MTSBC, Crosspoint, and chaperones free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will ultimately be responsible for the cost of any medical care. I also understand my student may appear in group photos & videos that may be used for future promotional use.

Parent Signature: _____ Date: _____