Event: GET REAL, Helena May 2-3, 2025 Permission Form Valid Date: May 2-3, 2025

Student Name:				_Gender:	Grade:
В	irthdate://		T-Shirt Size_		
Parent(s) Nam	es:				
Address:			City/State	e/Zip:	
Primary Phone #:		Other Ph	one #:		
Home Church Medical Release Information	Youth Group:				
Medical Allergies:	Fo	ood Allergies:			
Communicable Disease? Known medical conditions:	I aking medicatio	n? (If yes, plea	se list):		
nsurance Carrier:	Policy #:				
Physician: Permission to treat:	Phone:				
I,	of emergency, at the near understand that I will be BC, Big Sky Fellowship, of such consent. I also	rest medical fa contacted at th and chaperone acknowledge t	cility. I have give first possible es free and harrhat I will ultimat	ven all relevant opportunity, should be all released of any clased be responsi	medical information on ould any medical attention aims, demands, or suits ble for the cost of any
Parent Signature:		Date:			
Student Name:	Permission Form				Grade:
	rthdate: / /		Γ-Shirt Size_		
Parent(s) Nam	es:				
Address:					
Primary Phone #:		Other Pho	one #:		
	Youth Group:				
Medical Release Information	_				
Nedical Allergies:Communicable Disease?	F0	ood Allergies: _	oo liot\:		
Comp modical conditions:	raking medication	nr (ii yes, piea	se list):		
Known medical conditions: nsurance Carrier:	Policy #				
Physician:Physician:Physician:					
,(jive consent to treatment, in case o his form to aid the medical staff. I u	f emergency, at the near	est medical fac	cility. I have giv	en all relevant i	medical information on
be necessary. I agree to hold MTSI or damages arising from the giving	BC, Big Sky Fellowship, a of such consent. I also a	and chaperone acknowledge th	s free and harm nat I will ultimate	nless of any cla ely be responsil	ims, demands, or suits ole for the cost of any
medical care. I also understand my					

Parent Signature:_____ Date: _____