

Wildwood Student Ministries

Medical & Permission Slip

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Number: \_\_\_\_\_ or \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please list any medical conditions, allergies or special diet needs:

I hereby give my permission for \_\_\_\_\_ to participate in  
(student's name)

\_\_\_\_\_ on \_\_\_\_\_  
(event) (date(s) of event)

with the Wildwood Church Group. I also grant permission for the minister or sponsor in charge to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and employees of Wildwood Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in the event listed above.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date