



## Event Permission Form

for Snowy Range Evangelical Free Church Special Events

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

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

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy mm dd yy

Student Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Name on the policy? \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Special Medical Instructions (*please attach separate sheet if necessary*)

\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Secondary Emergency Contact Name \_\_\_\_\_

Secondary Contact Phone \_\_\_\_\_

(*Student's Name*) \_\_\_\_\_ has the permission of the undersigned to participate in the activity indicated above. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. Any medical expenses occurring will be borne by the parents or legal guardians of the participant.

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Mobile Number \_\_\_\_\_

Parent/Legal Guardian's Email Address \_\_\_\_\_

Put me on the email list (*circle*) yes no Put me on the text notification list (*circle*) yes no

I give permission for my child to be photographed for use by Snowy Range Evangelical Free Church.  
(*circle*) yes no