

Permission Slip/Medical Release | Spring Break 2010

White River Christian Church

1685 N. 10th Street • Noblesville, IN 46060

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This release form is valid for the Senior High spring break trip from White River Christian Church on Monday, April 5-Thursday, April 8, 2010. The individual's insurance will serve as the primary form of coverage with the church policy as secondary. EXPIRES 4/9/10.

Student's Name _____ Gender _____

Parents' or Guardians' Names _____

Address _____

Home Phone _____ Mobile Phone _____

Alternate Emergency Contact Name _____

Alternate Emergency Contact Phone _____

Health Insurance Company Name _____

Health Insurance Company Phone _____

Health Insurance Policy Number _____

MEDICAL INFORMATION (use back of form if necessary)

List any medications* student is currently taking.

Name _____ Purpose _____ Dosage _____ Time(s) Taken _____

Name _____ Purpose _____ Dosage _____ Time(s) Taken _____

Name _____ Purpose _____ Dosage _____ Time(s) Taken _____

List any known food or drug allergies. _____

*All medications must be in original containers and must be given to an adult leader to be dispensed. Students should not carry medications with them without leader's knowledge.

I hereby give permission for my child to participate in the White River Christian Church sponsored spring break trip, April 5-8, 2010. In the event of an emergency where medical treatment is required, I give permission to the church staff or sponsor to obtain medical treatment and/or medical procedures that may be required.

Signature of Parent or Guardian _____ Date _____

EMAIL ADDRESS: _____

This email address will be used for all reminders & communications about the trip, so please provide an email address that is checked frequently. You are welcome to list more than one email address to which you would like to receive communications.