

HopeKids Permission Slip

2022

PARENT / EMERGENCY CONTACT			
Mom			
Address			
Cell Phone	() -	Work Phone	() -
Dad			
Address			
Cell Phone	() -	Work Phone	() -
Add'l Contact	Relationship		
Address			
Cell Phone	() -	Work Phone	() -

INSURANCE			
Company			
Policy #		Group #	
Phone #	() -	Hospital Pref	

CHILD #1		CHILD #2	
Name		Name	
Date of Birth		Date of Birth	
Known Allergies Medical		Known Allergies Medical	
Conditions Prescription Medication		Conditions Prescription Medication	

CHILD #3		CHILD #4	
Name		Name	
Date of Birth		Date of Birth	
Known Allergies Medical		Known Allergies Medical	
Conditions Prescription Medication		Conditions Prescription Medication	

OVER THE COUNTER (OTC) MEDICATIONS	
<input type="checkbox"/>	I give permission for an agent of Hope Church HopeKids to administer OTC medications (such as Ibuprofen, Acetaminophen, Benadryl, Tums, etc.) as they see fit, without asking my permission first.
<input type="checkbox"/>	I would like someone to contact me before administering any OTC medications.

By signing below, I give permission for my son/daughter to be involved in HopeKids activities. This release will be good until December 31, 2022. I acknowledge that if my child is released from an event to return home early due to discipline violations or an illness, it will be at my/our expense. I understand that for most trips/retreats, my child will be asked to check in his/her cell phone, ipod, and other electronic devices to help enhance his/her experience during the course of the event.

I/We understand all reasonable safety precautions will be taken at all times by Hope Church, HopeKids, and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Hope Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form

Parent's Name (PRINTED): _____

Parent's Signature: _____ Date: ____ / ____ / ____