

Hillside Community Church

Blanket Permission Slip/Registration Form/Emergency Information-Medical Release/Hold Harmless Agreement

1800 Constance Drive • Vermillion, SD 57069

Phone: (605) 624-4862

Full Name of Student: _____ Grade: _____

Address: _____

City: _____ Zip: _____ Phone: _____ Birthday: _____

Father/Legal Guardian Name: _____ Same as Participant's Residence? Yes No

Employer: _____ Work Phone: _____ Cell Phone: _____

Mother/Legal Guardian Name: _____ Same as Participant's Residence? Yes No

Employer: _____ Work Phone: _____ Cell Phone: _____

Name of local Emergency Contact person to be notified when parent is not available: _____

Emergency Contact's Relationship to Participant: _____ Home Phone: _____

Emergency Contact's Work Phone: _____ Cell Phone: _____

The insurance of Hillside Community Church is only a secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on any Hillside Youth event.

Insurance Carrier: _____ Policy number: _____

Insurance Carrier Phone: _____ Name on Policy: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Medications and dosages: _____

Medical conditions/limitations/restrictions: _____

Allergies: (please specify) Insect Stings: _____ Medications: _____

Foods: _____ Other: _____

Date of last Tetanus Shot: _____

The student listed above has my permission to travel with and attend the youth activities/events between the dates of August 27, 2023 & August 31, 2024, that is sponsored by Hillside Community Church. If I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by a Hillside Community Church representative to hospitalize, to secure proper treatment, and/or an injection, anesthesia, or surgery for my child as deemed necessary.

Every activity sponsored by the Hillside Community Church Youth Ministry is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent(s) or guardian(s) agree to assume and accept all risks and hazards inherent in Hillside Community Church activities. They also agree not to hold Hillside Community Church, its agents or anyone else liable for damages or injuries to the person or property of the participant listed above.

Signature of Parent or Legal Guardian: _____ Date: _____

If there is additional information you feel would be helpful, please include it on the reverse side of this form.

This form is effective from August 27, 2023 – August 31, 2024