

# 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 September 1, 2019 & August 31, 2020 that is sponsored by Hillside Community Church. In the event that 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 September 1, 2019 – August 31, 2020***