

Christ the King Lutheran Church
Blanket Permission Slip
For all Field Trips, Service Projects and Church Activities

I/We the undersigned, Parent (s) or legal guardian(s) of _____,

A minor, do hereby authorize Christ the King, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable and is to be rendered to said minor, under the general or specific supervision of any physician and surgeon licensed, or the medical staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or at the said hospital

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being rendered, but is given as specific consent to any and all such diagnosis, treatment or hospital care which the above mentioned physician, in the exercise of his/her best judgment, may deem advisable to protect the life and health of said minor child

This authorization is given, and shall remain in effect from (date) _____, until January, 2021, unless sooner revoked in writing and delivered to said agents.

Father's Signature _____ Work Phone _____

Cell Phone _____

Mother's Signature _____ Work Phone _____

Cell Phone _____

Legal Guardian _____ Work Phone _____

Cell Phone _____

Home Address _____

Phone Number _____

Neighbor or Relative to Contact in Emergency

Name _____ Relationship _____ Phone _____

Medical Background Information

Doctor Name _____ Phone _____

Medical Insurance Co. _____ Policy Number _____

Allergies _____

Date of Last Tetanus Shot _____

Medical Disorders _____

Special Instructions _____