

Permission Slip and Release Form

Activity: _____

Date of Trip: ____/____/____

Cost: \$ _____

All students must have this form completely filled out in order to participate.

Student's Name _____ Birth Date _____ Age _____

Street Address _____ City _____ State _____ Zip _____

In Case of Emergency, Contact:

Name _____ Relationship _____

Street Address _____ City _____ State _____ Zip _____

Phone Number(s) __Home _____ Work _____ Cell _____

MEDICAL INFORMATION

Date of Last Tetanus Shot _____ Medications _____

Allergies/Precautions/Restrictions _____
Please attach another page explaining any allergies, precautions, or restrictions, if necessary.

Medical Insurance Company _____

Policy/Group/ID # _____ Phone Number for Claims _____
*Please include a copy of the front and back of your **current** insurance card if we do not already have a copy on file.*

Physician _____ Physician's Phone Number _____

PERMISSION, RELEASE, AND HOLD HARMLESS AGREEMENT

I hereby certify that the above named student is in good health, free from communicable disease, and able to participate in this activity. I give permission to treat my child for routine medical care (cuts, scratches, etc.). In case of an emergency, I give permission to the physician/hospital selected by the Heart Haven OutReach (H₂O) staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, X-ray, or surgery for the above named student as deemed necessary.

For and in consideration of H₂O allowing participation in this activity, and other good and valuable consideration, receipt of which is hereby acknowledged, the undersigned, on their own behalf and on behalf of the above named student hereby release, defend, and hold H₂O harmless from any and all claims, demands, judgments, lawsuits, personal injury, or property damage (the "Claims"), of whatsoever nature occurring, arising from, or related to the participation of the above named student in this activity. Without limiting the generality of the foregoing, the undersigned agree to release, indemnify, defend, and hold H₂O harmless from any Claims for which H₂O may suffer, incur, sustain, or become liable for, on account of any injury or death to the participant or injury or death to any other person in any way resulting from, arising out of, or in connection with this activity.

IN WITNESS WHEREOF, the parties hereto have given permission and have caused this Release and Hold Harmless Agreement to be executed on this date:

Parent/Legal Guardian's Name (please print) _____

Parent/Legal Guardian's Signature _____ Date _____

Witness Signature _____ Date _____

*Heart Haven OutReach (H₂O)
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Bolingbrook, IL 60440
630-226-8403*