

**FLATLINE/FUEL Permission Slip and Medical Release Form**  
**Harmony Bible Church**  
**21589 Highway 79, Danville, Iowa 52623**  
**Youth Trips/Activities From January. 1, 2010 - December. 31, 2010**

*This form must be completed and returned to Matt Yaley before participating on any Youth Trip/Activity.*

Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female (Please Circle)

I, \_\_\_\_\_, do hereby give my permission for my son/daughter, \_\_\_\_\_ to go on any Youth Trip from January 1, 2010 through December 31, 2010. I release **Harmony Bible Church**, and the sponsors of this event from liability for any accident that may occur during the event, or while traveling to, from, and during youth trips/activities. It is my understanding that these trips and activities are approved by the church and will be appropriately chaperoned by adult leaders and parents.

Additionally, in the event that my teen becomes ill or sustains an injury during one of these trips/activities, I give my permission to those in charge to take the necessary steps in administering proper medical treatment. In the event that I cannot be reached by phone, I consent to the administration of treatment to be rendered to my teen upon the advice of a duly-licensed physician and/or surgeon.

I understand that I am giving permission for my teen to engage in these trips and all activities, and I will not hold the staff, **Harmony Bible Church**, or sponsors responsible for any incident occurring to my teen resulting from reasonable activities during these events.

I further understand that on occasion videos, photographs, and audio clips are taken at conferences/activities to be used for future promotional material. By registering to attend these events, you are giving permission on behalf of each person in the group to **Harmony Bible Church** to use your student's picture in promotional materials.

Signature of Parent or Guardian \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

Phone #: Work \_\_\_\_\_ Home \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Prescribed Medication:

Name of Drug \_\_\_\_\_

Dosage \_\_\_\_\_

Known Allergies: (please state all) \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

Insurance Information:

Company \_\_\_\_\_

Group # \_\_\_\_\_ Subscriber ID # \_\_\_\_\_

If parent/guardian cannot be reached in case of emergency, please call:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_