linor's Name:						
rip to:						
rip date:						
eparture Time:	am/pm		Return Time:		_am/pn	n
ransportation:						
chool/Church:						
ost:						
ctivities which may result sks which exist. also agree to indemnify a rising from accident or injecognizes a shared respont ot waive coverage within	ep will be taken to ensu- in serious injury or dea and hold harmless the s jury occurring during thi onsibility among church, the policy limits of chur is not mandatory for my	re these act. I conserved the I consoring it is trip. This is, student are chaceidenty child to part the interest of the consorier in the cons	ctivities are as safe a ent for my child to pa institute, Southeaste specifically includes and home. This does a t insurance, which co articipate in all of the	as possible, rticipate in ten California injury arising to the covers church activities p	hese ac Confer g from r gross ne n sponse	stand that there are inherent risks associated with the stivities and assume full responsibility for the inherent rence of Seventh-day Adventists and sponsors from negligence on the part of those mentioned above. The egligence on the part of those mentioned above. This ored activities.
		ME	DICAL RESTRICTION	ON & ALLO	WANC	ES
hild's Birthdate:		Date of las	st physical exam:		D	ate of last Tetanus Toxoid Booster
hysician Name:				Physicia	n Phone	o:
ledical Insurance Carrier:	:					oup #:
oes your child have any	of the following condition	ons? (<i>Pleas</i>	se circle Yes or No)			
sthma	Yes	No	If yes, explain how	to treat:		
eart Problems	Yes	No	If yes, explain how	to treat:		
llergies	Yes	No	If yes, explain how	to treat:		
espiratory Problems	Yes	No	If yes, explain how	to treat:		
ther:	Yes	No	If ves. explain how	to treat:		
□ NeosporinAn □ Tylenol or othe temperatures) □ Dramamine (m □ IbuprofenAdv and muscular □ Sudafedantif □ Benadryl Lotion	edications we have perinti-biotic ointment (For per generic for Acetamina action sickness) fil/Motrin- (For relief of a aches) fil/sixtamine- (For congest in (For skin rash, insect	mission to preventing in pophen (For aches/pain tion, nasal, bites)	give your child for th infection of cuts) r headaches or from cramps or chest)	e purpose c	f this tri Bena Robit Hall's Imod Tums Chlor Milk o	p. Check signifies approval. adryl Tabs (Allergic reactions) tussin or other cough syrup s Throat Lozenges (For sore throat or coughs) ium or other (For diarrhea) s/ Rolaids (For indigestion) raseptic Spray (For sore throat) of Magnesia (For constipation) r
•	_					
Please describe any p	rescription medication(s	s) your child	d is currently taking:			
Telephone numbers w	here parent(s)/guardian		EMERGENCY CON eached:	TACT INFO	RMATI	ON
Mother's Name:	. ,,,	•	ime Phone:			Evening Phone:
			ime Phone:			
	Contact (in the event pa	-				3
	John Goran pu	•		,		Evening Phone:
I, the undersigned pare anesthetic, medical or licensed under the pro- acute general hospital authorization is given in render care which is the contact the undersigne	ent/legal guardian, having surgical diagnosis rend visions of the Medicine holding a current licens nadvance of any speciple aforementioned phys	ng legal curered under Practice Ade to operatic diagnosician in the atment to the	stody of the above not the general or spector a Dentist licensite a hospital from the is, treatment or hospite exercise of his bestone patient, but that a	amed minorial supervisited under the State of Capital care being judgment my of the ab	do her on of an e provisi alifornia ng requ nay deer ove trea	reby authorize and consent to any X-ray examination by member of the medical staff and emergency room ions of the Dental Practice Act and on the staff of an Department of Public Health. It is understood that the ired, but is given to provide authority and power to madvisable. It is understood that effort shall be madatment will not be withheld if the undersigned cannot
Parent Signature						Date