

MARYLAND KALOS

4th Day Lock-in Permission Slip

Student Information (Please Print)

Name: _____ Age: _____ Sex: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

MEDICAL AUTHORIZATION AND RELEASE:

I am covered by health/hospitalization insurance: Yes No

Company: _____ Group No. _____ Policy Number: _____

Policy Holder: _____ Relationship: _____

I authorize treatment for my dependent by a qualified care giver in the event I cannot be reached in case of emergency. I authorize hospital/care givers to release any information to any insurance companies or agencies that may apply.

Yes No

Known Allergies: _____

Prescription drugs: _____

Do you have any health problems that may affect your attendance? Yes No

If yes, please specify: _____

RELEASE MUST BE SIGNED BY PARENT/GUARDIAN IF YOU ARE UNDER 18 YEARS OF AGE

I (parent/guardian) do hereby release Maryland Kalos/ 7 Mile Walk With Jesus from any and all damages or injuries that occur under reasonable supervision and care. Yes No

Primary Contact _____ Relationship to participant _____

Home phone _____ Office _____ Cell _____

Secondary Contact _____ Relationship to participant _____

Home phone _____ Office _____ Cell _____

PARENT/GUARDIAN SIGNATURE: _____ Date: _____