



Florida  
Hospital  
Church  
Seventh-day  
Adventist

## Youth Activities Permission Slip

**OUTING:** \_\_\_\_\_ **DATE(S):** \_\_\_\_\_

Name of Minor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship to Minor \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_

Student has a *FHC Youth Medical Release Form* on file    Yes    No  
(If No- Please go to [www.hospitalchurch.org/youth](http://www.hospitalchurch.org/youth) and fill one out prior to event).

The above-named minor has my permission to attend and participate in the outing listed above. I give permission to the supervising members to act in my behalf in administering emergency medical treatment for accident or illness as necessary to, from, and during this outing.

I hereby voluntarily waive any claim against the leaders and sponsoring institution for any and all causes which may arise in connection with this activity. I also certify that, to the best of my knowledge, the minor named above is physically fit to engage in the activity described above.

*Signature of parent or guardian*

*Date*

\_\_\_\_\_

\_\_\_\_\_

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