

2025 Lake Highlands United Methodist Church
Permission Slip, Medical Information, Release, and Emergency Contact Form

Participant's Name: _____

Parent's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other Phone: _____

Email: _____

Emergency Contact Name (if unable to reach parents): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other Phone: _____

Primary Physician: _____ Office Phone: _____

Specialty Physician: _____ Office Phone: _____

Insurance Company: _____

Policy #: _____ Group #: _____

Known Allergies:

Medications currently taking:

Other pertinent health information:

Please circle any over the counter medications that may be administered:

Tylenol Ibuprofen Cough Syrup Decongestant

Dramamine Other: _____

Permission Slip to go off campus from LHUMC:

Participant's Name: _____

has my permission to participate in an off campus activity sponsored by LHUMC.

Parent's Signature: _____ Date: _____

Medical Release:

I hereby authorize the agents of Lake Highlands United Methodist Church, Dallas, Texas, to act on my behalf in the event of an emergency in which I cannot be reached to procure medical treatment for my child.

Parent's Signature: _____ Date: _____