

MEDICAL AND LIABILITY RELEASE FORM/PERMISSION SLIP

**Foothills Christian Church**

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**Mexico Missions Trip, FCC Sponsored Trip**

Ensenada, Baja California

Mode of Transportation: Church Vans/Personal Vehicles

Date: Monday April 10- Friday April 14

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

The undersigned represents to Foothills Christian Fellowship, that he/she is a natural parent or legal guardian of the above named minor child: and,

The undersigned does hereby consent to such minor child taking part in the noted activity, with the full understanding that insofar as such activity might involve sporting activities, travel and mingling with other individuals and groups, that there is always the risk of injury, illness and loss, and possibly consequent expense for medical diagnostic and curative treatments, and incidental loss and expense; and, in behalf of such minor assume the 'risk of such and expense and does hereby wholly release Foothills Christian Fellowship from any responsibility or liability, and waives any claims or causes or action against it or its agents that might arise on account of loss, injury or expense occasioned by any sort of accident or other circumstance involving such child, and agrees to hold harmless Foothills Christian Fellowship in event any such claim should arise; and,

The undersigned agrees to abide by the rules and regulations, supervision and discipline set and applied by Foothills Christian Fellowship and its agents; and, does hereby authorize Foothills Christian Fellowship or its staff members or other agents to arrange for and consent to x-rays, examinations, anesthetic, dental, medical or surgical diagnosis, and treatment, and hold harmless Foothills Christian Fellowship. The undersigned will furnish payment or insurance for, and such payment, at his or her own expense.

Name of Minor: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

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

Parent's Name Print & Sign: \_\_\_\_\_

Emergency Contact Person & Phone Numbers: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Does your child have permission to receive Tylenol? \_\_\_\_\_ Does your child have any

medical conditions that we need to be aware of during? \_\_\_\_\_ If so, explain:

**Please Print (use the back of this form if necessary)**

Has he/she had any surgery or serious illness within the last 3 years? \_\_\_yes \_\_\_no. If yes, explain:

Is he/she required to take any medication? \_\_\_yes \_\_\_no. If so, please list name of medication, reason, and frequency:

Does he/she have any allergies or allergic reaction to any medication? \_\_\_yes, \_\_\_no. If yes, please explain:

Is he/she presently under a doctor's care? \_\_\_yes, \_\_\_no. If yes, explain:

COST: \$135 Paid: \_\_\_\_\_ Method: \_\_\_\_\_