

Permission Slip for Church Event

Participant's Name: Address: Grade Level: _____ Date: _____
Phone Number: Participant's _____
Parent/Guardian's Name: _____ Age: _____
Participant's Parent/Guardian's Phone # _____

I, _____ (Participant's
Parent/Guardian's Name), hereby grant permission for my child,
_____ (Participant's Name), to participate in the upcoming
church event. I acknowledge that there are inherent risks associated with any activity and I assume
full responsibility for those risks.

I understand that travel may be involved, and I hereby give permission for my child to travel with the
adult leader or leaders of this activity, including transportation by car, bus, train, airplane, or any
other means.

I understand that it may be necessary for emergency medical treatment to be administered if an
injury or illness occurs during activities. I grant permission to an adult leader of this activity, my
appointed agent if needed, to provide consent for any medical diagnosis or treatment including x-
ray examinations, dental services, surgery and hospital care advised by a licensed physician,
surgeon or dentist in the state where these services are rendered. This may include visits at a
doctor's office as well as hospitals.

I understand that it is incumbent upon me and/or my child to follow all rules as set forth by the
church concerning this event. Further, I acknowledge that any misconduct or misbehavior on the
part of my child or myself may result in immediate dismissal from the event, at the sole discretion of
the church staff.

I also agree to release and hold harmless the church and its staff from all liability related to injury or
illness that may occur to my child in relation to this event or any activity associated with it. In the
event of an emergency, I consent to medical treatment provided by a doctor or hospital of the
church's choice.

I have read and understand all regulations associated with this event, as well as the above
statements.

Signature: _____ Date: _____

Printed Name: _____

Signature of Parent/Guardian: _____ Date: _____

Please return the signed permission slip no later than _____ (date). Thank you for your
cooperation!