

Permission Slip for Church Event

Participant's Name: _____ Date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Grade Level: _____ Age: _____ Phone: _____

Participant's Parent/Guardian's Name: _____

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 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 02/12/2025.
Thank you for your cooperation!