

Permission Slip For
Church of the Open Door Youth Event

(Event Name)

Child's Name _____ Phone # _____
(If more than one child from your family is participating you may give all of their names.)

I give permission for my above named child(ren) to join the Youth Ministry of Church of the Open Door to participate in the above stated event, on _____ 201__.

I know that they will be traveling to and from the event in the church van and/or in church-approved vehicles with adults who are approved drivers or in some cases I will see that my child(ren) is dropped off directly at the event in question.

I hereby release Church of the Open Door, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of parent or legal guardian _____

Date _____

Emergency phone number _____

Secondary Emergency phone number _____

MEDICAL INFORMATION

Allergies _____

Medications being taken _____

Physical handicaps or limitations _____

<<< If we'll be Away Overnight please fill in the bottom 3 spots >>>

Medical insurance company _____

Policy Number _____

Member's name _____