

PERMISSION SLIP – CHURCH OUTING

As parent or legal guardian of this minor, _____,
date of birth, _____, I hereby give my permission for
_____ (church entity)
to take my child on a Church Board voted excursion to _____
_____ on the date of: _____.

In the event of an emergency, when I cannot be reached, or if a delay in reaching me could cause a dangerous situation for my child, I grant _____
_____ (church entity) and their agent, permission to seek medical treatment.

Parent/Guardian Name(s): _____

Emergency Contact Information: _____

My child's primary Care physician and contact information is: _____

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in the care of _____
_____ (church entity)

For this event, and I hold the agent and the church free from blame and liability associated with this event.

Print name of Parent or Guardian

Date signed

Signature of parent or guardian

ALSO FILL OUT AND ATTACH "AUTHORIZATION FOR MEDICAL TREATMENT FOR MINORS" FORM ON THE SOUTHERN CALIFORNIA CONFERENCE'S WEB SITE ON THE RISK MANAGEMENT PAGE.