

Winter Escape Permission Slip

Parent or Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____

Child's Name: _____ Age _____ DOB _____

Physician's Name _____ Physician's Phone _____

Insurance Company _____ Policy Number _____

Does your child have any allergies? _____

Is your child taking any medication that we should be aware of? _____

Does your child have a pre-existing medical condition? _____

Secondary contact person _____ Phone _____

I authorize an adult, in whose care the minor has been entrusted, to consent to any type of medical treatment, or hospital care deemed necessary by both the adult supervisor and/or a physician.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor pursuant to this authorization.

Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned further hereby agrees to hold harmless and indemnify First Assembly of God, its board members, employees, agents and the adults in charge and assisting in the above designated event, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. Furthermore, my child and I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

I have read and understood the above statements and agree to the statements made above.

Legal Guardian Signature: _____ Date: _____