## **PERMISSION SLIP**

JANUARY 1, 2019 - DECEMBER 31, 2019

## PERMISSION/MEDICAL RELEASE FOR Name \_\_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_\_ BIRTH DATE \_\_\_/\_\_ SCHOOL \_\_\_\_ **GRADE** (COMPLETED IN SPRING 2019) (STARTED IN FALL 2019) Parent/Guardian's Name VISITOR? WHO INVITED YOU? I GIVE PERMISSION FOR MY CHILD TO JOIN THE STUDENT MINISTRY OF DESPERATION CHURCH IN ANY OF THE ACTIVITIES OR TRIPS SPONSORED BY THE CHURCH, ITS STAFF AND SPONSORS. I HEREBY RELEASE THEM FROM RESPONSIBILITY AND LIABILITY FOR ANY ILLNESS OR INJURY 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, DENTIST (AS APPROPRIATE), LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE WHERE SERVICES ARE RENDERED, EITHER AT A DOCTOR'S OFFICE OR IN ANY HOSPITAL. I EXPECT TO BE CONTACTED AS SOON AS POSSIBLE. This document will be valid and in full effect from January 1, 2019 – December 31, 2019 DATE: Mo/DAY/YR PARENT'S SIGNATURE EMERGENCY PHONE Numbers: 1. \_\_\_\_\_\_ 2. \_\_\_\_\_ MEDICAL INFORMATION: (Required for ALL activities) ALLERGIES \_\_\_\_ MEDICATIONS BEING TAKEN \_\_\_\_\_ MEDICAL INSURANCE CO. Name of Policy Holder \_\_\_\_\_ Policy # YOU WILL NOT BE ALLOWED TO GO ON ANY DCKIDZ TRIP OFF-CAMPUS WITH DESPERATION CHURCH WITHOUT A PERMISSION SLIP SIGNED BY YOUR PARENT/GUARDIAN ON FILE. If a discipline problem is deemed serious enough, the child will be sent home at the parent's expense. I have read and agree to follow these guidelines. Child's Signature Parent's Signature Date

Desperation Church 202 Elizabeth Street NE Cullman, Al 35055 256 255 5979