

PERMISSION SLIP

JANUARY 1, 2022 – DECEMBER 31, 2022

PERMISSION/MEDICAL RELEASE FOR

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____ BIRTH

DATE ___/___/___ SCHOOL _____

GRADE _____ (COMPLETED IN SPRING 2021) _____ (STARTED IN FALL 2022)

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, 2022 – December 31, 2022

DATE: MM/DD/YY

PARENT'S SIGNATURE

EMERGENCY PHONE NUMBERS: 1. _____ 2. _____

MEDICAL INFORMATION: (REQUIRED FOR ALL ACTIVITIES)

ALLERGIES _____

MEDICATIONS BEING TAKEN _____

PHYSICAL HANDICAPS _____

MEDICAL INSURANCE CO. _____

NAME OF POLICY HOLDER _____

POLICY # _____

YOU WILL NOT BE ALLOWED TO GO ON ANY DC Students 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 510 5th St SW Cullman, AL 35055 256 255 5979