

PERMISSION SLIP for River Ridge Covenant Church Activities for the 09-10 School Year

Name _____ School _____ Grade _____ M/F _____

Address _____ City _____ Zip _____

Phone (____) _____ E-mail _____ Birthdate _____

Parent Cell/Alternate Phone (Emergency Contact #1)

Secondary Emergency Contact Name and Phone:

List any medical conditions, allergies or additional information we should know about your child in order to address any health related issues. If there are allergies please list if they carry an epipen or if an epipen is necessary.

List any activities/events your student is NOT allowed to participate in: (ex. swimming)

The undersigned parent or guardian hereby gives permission for my son/daughter to participate in The 2009 Campout. The undersigned affirms that the above named minor has no health problems which preclude his/her participation in this activity. Further, the undersigned expressly agrees to hold harmless Boulevard Park Presbyterian Church/River Ridge Covenant Church and any of their employees and agents, for any injury to the minor or damage to his/her personal property which may be incurred by or as a result of his/her participation.

In case of medical emergency, I understand every reasonable effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the medical personnel selected by the youth leader in charge to secure proper treatment or to hospitalize, to order injections, anesthesia or surgery for my child.

Parent Signature _____ Today's Date _____