

PERMISSION SLIP

SALT RETREAT (August 28-30, 2010)

For Official Use: Date: _____
Amt paid: \$ _____
Cash [] Check [] (CK #: _____)
Verified by (init.): _____

Student Name (LAST, FIRST): _____

Birthdate: ___/___/___ Gender: M F Grade for 10/11 school yr: 9th 10th 11th 12th

Address: _____ City: _____ State: _____ Zip: _____

STUDENTS Home Phone: (_____) _____ STUDENT Cell Phone: (_____) _____

STUDENT Email: _____

Current medical and behavioral conditions, medications or allergies: _____

Date of last Tetanus shot: _____

This child is covered for accident and medical insurance benefits by:

Insurance Company: _____ Policy/Group #: _____

Physician: _____ Phone: (_____) _____

Parent/Guardian Name: _____

Home Phone: (_____) _____ Parent Cell: (_____) _____ Parent Cell: (_____) _____

Emergency Contact Name: _____

Home Phone: (_____) _____ Cell: (_____) _____ Cell: (_____) _____

The above student has my permission, as parent (or guardian), to attend this function with Good Shepherd Community Church (GSCC). I agree that GSCC and/or its leaders are not liable for any accident or incident related to either the planned event or transportation to or from that event. Nor are they liable for any injuries sustained or any lost, stolen or damaged articles. I also agree that my child will be responsible to GSCC and its leaders for all of his/her actions on this event. I authorize GSCC and any adult leader to obtain the services of a physician and/or hospital for the care of my child, if necessary, including emergency medical care, emergency x-rays, and/or emergency surgery. Should the need arise, I also authorize GSCC and its leaders to incur any necessary expenses for such services in the event of accident or illness, and I agree to provide reimbursement for these expenses. I also give GSCC permission to take pictures of me/my child for internal purposes only. Use of these pictures for internet purposes must be obtained separately.

I have read the entire form, agree with all provisions included, and have provided all information requested. I hereby release GSCC and its leaders from all liability and authorize any medical treatment deemed necessary.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student (if over 18): _____ Date: _____