

PERMISSION SLIP

As a parent/legal guardian of _____, I give permission for the subject of this release to be involved in _____.

I/We understand all reasonable safety precautions will be taken at all times by WINSTEAD UNITED METHODIST CHURCH and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold WINSTEAD UNITED METHODIST CHURCH, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name (Please Print)

Student Name

Parent /Guardian Signature

Date

Address/City/Zip

(W) Phone #

(H) Phone #

Health/Med. Ins. Co.

Policy Number

Please list on back of this Release Statement any allergies and/or medical conditions the subject of this release may have. Also list any prescription medication he/she may be taking at this time.