



St. John's United Church of Christ

183 S. Broad Street Nazareth, PA 18064-2153

CHURCH SPONSORED EVENT PERMISSION SLIP FOR MINOR CHILD OR GUARDIANSHIP

Any child under the age of 18 or, any person under the guardianship of another adult is required to submit a completed permission slip prior to participating in any church sponsored event.

Participant Child Information (Child):

Participant Child Name:

Date of Birth:

Custodial Parent or Guardian (Parent):

Name:

Address:

Phone No.:

E-mail Address:

Emergency Contacts:

Name:

Relationship:

Phone No.:

Alt Phone No.:

E-mail Address:

Alternative:

Relationship:

Phone No.:

Alt Phone No.:

E-mail Address:

Physician Contact:

Name:

Office Phone No.:

Planned Activities: *(Descriptions should be as explicit as necessary to convey risks, limitations, individual qualifications or supervision planned and any pertinent transportation details.)*

Inclusive Dates:

I (We) the Parent(s) give permission for my(our) above named Child to engage in the Planned Activities which may be sponsored in whole or in part by St. John's United Church of Christ for the Inclusive Dates listed above.

I (We) understand that there are numerous risks associated with participation in any youth activities including intentional or unintentional acts or events arising from circumstances or individuals over which the Church has only limited control or no control whatsoever. Should my (our) child require immediate or emergency medical care while engaged in an activity sponsored by the Church, in my (our) absence, I (we) hereby grant the Church authority to release my child

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for medical treatment to such medical personnel as the Church determines appropriate under the circumstances. (OVER)

In consideration for the privilege of allowing my (our) Child to participate in the Planned Activities, I agree to release, hold harmless, defend and indemnify the Church, its officers, agents, employees and volunteers, from any liability or responsibility for bodily injury, damage or illness to my (our) Child arising out of participating in any activity which may be directly or indirectly sponsored by the Church. Further, I agree to indemnify and hold harmless the Church, its officers, agents, employees or volunteers, with respect to any claim asserted by or on behalf of my (our) Child as a result of bodily injury, illness, or damage.

My (our) Child has the following **medical conditions, allergies or impairments** which may be material to participation in the Planned Activities:

It is understood that no medications will be administered to any Child, and it is expected that daily medications will have been administered as needed before arrival at daily activities. It is understood with respect to any injury or illness that may occur in the course of the Planned Activities that any health insurance available to the Child's family or guardian shall be primary coverage. The Church shall be responsible only for family deductibles and co-payments within the limits of Medical Payments coverage carried by Church.

READ CAREFULLY. THIS PERMISSION IS A LEGAL DOCUMENT WHICH PROVIDES A RELEASE OF LIABILITY AND INDEMNIFICATION.

<p>Custodial Parent or Legal Guardian</p> <p>(X) _____ BY: (signature)</p> <p>Printed Name _____</p> <p>Date:</p>	<p>Non-Custodial Parent (when required)</p> <p>(X) _____ BY: (signature)</p> <p>Printed Name _____</p> <p>Date:</p>
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