

MEADOWBROOK CONGREGATIONAL CHURCH

Pilgrim Fellowship

21355 Meadowbrook Road, Novi, MI 48375 ~ (248) 348-7757

PERMISSION SLIP

PERMISSION / MEDICAL RELEASE FOR

NAME _____ CHILD'S CELL PHONE _____

PARENT/GUARDIAN'S NAME _____ PARENT'S HOME PHONE _____

PARENT'S CELL PHONE _____

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN AN OUTING TO _____ ON _____ . I HEREBY RELEASE MEADOWBROOK CONGREGATIONAL CHURCH AND ITS STAFF AND VOLUNTEERS 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.

DATE: Mo/Day/Yr _____

PARENT'S SIGNATURE _____

EMERGENCY PHONE NUMBERS: 1. _____ 2. _____

MEDICAL INFORMATION: (REQUIRED FOR ALL OFF-CAMPUS ACTIVITIES)

ALLERGIES _____ MEDICATIONS BEING TAKEN: _____

PHYSICAL HANDICAPS: _____ MEDICAL INSURANCE Co.: _____

NAME OF POLICY HOLDER: _____ POLICY # _____

YOU WILL NOT BE ALLOWED TO GO ON ANY YOUTH TRIP OFF-CAMPUS WITH MEADOWBROOK CONGREGATIONAL CHURCH WITHOUT A PERMISSION SLIP SIGNED BY YOUR PARENT/GUARDIAN ON FILE.