



Event Permission Slip

EVENT:

EVENT DATES:

TIME:

PLEASE FILL OUT INFORMATION COMPLETELY:

Student Name _____

Address _____

City _____ State ___ Zip _____

Age _____ Grade _____ Male _____ Female _____

Emergency Contact _____

Relationship _____

Home Phone _____

Cell Phone/Other _____

I hereby give permission for the above youth to attend the event above. I agree to hold Living Faith Christian Church, their employees and volunteers, harmless for any accidents that may occur. In the event of sickness, injury, or other medical emergency, I request that my child receives any medical attention or treatment deemed necessary. Therefore, I give my permission to any hospital, doctor and/ or health care provider to transport, treat and/ or admit for care for my child. In the event that I am not present at the time of the emergency and cannot be contacted, my child's care has been entrusted to the staff and designated leadership of LFCC's youth group.

Insurance Company _____ Policy # _____

Signature of Parent/Guardian Date