

# onesty student ministries

## *Eastpointe Christian Church Permission Slip 2012*

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

Grade – 7 8 9 10 11 12  
(circle one)

### **MEDICAL RELEASE YEAR 2012**

In case of an emergency, I hereby give permission for my child \_\_\_\_\_  
(print student's name)

to be treated by the physician or hospital selected by any of the adult sponsors accompanying this activity.

In consideration of my child being allowed to participate in activities sponsored by Eastpointe Christian Church, I (we), do for myself (ourselves) and for and on behalf of my child-participant, do hereby release, forever discharge and agree to hold harmless Eastpointe Christian Church in Columbus and its employees, officers, directors, trustees, members, agents, elders, staff, trip sponsors, vehicle owners, and vehicle drivers from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in an activity sponsored by Eastpointe Christian Church.

I (we) understand that many of the activities will be physical in nature, will include travel and I (we) on behalf of my (our) child-participant hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in all activities involved therein.

I (we) further hereby agree to hold harmless and indemnify Eastpointe Christian Church, its elders, employees, officers, directors, trustees, members, staff, agents, (including trip sponsors and vehicle owners/drivers) for any liability sustained by Eastpointe Christian Church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred by attendant thereto.

I (we) am the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and we assume the responsibility of all medical bills if any.

\_\_\_\_\_  
(Father or Male Guardian)

\_\_\_\_\_  
(Mother or Female Guardian)

Authorized signature(s) of Parent(s)/ Guardian(s)

(OVER)

Name of child \_\_\_\_\_

Birthday \_\_\_\_\_

Father's name \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Mother's name \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Primary Home address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

Father's - Mother's - Both  
(circle one)

Secondary Home address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_  
(circle one)

Father's - Mother's  
(circle one if applicable)

Medical insurance company: \_\_\_\_\_

Medical insurance group (if applicable): \_\_\_\_\_

Medical insurance policy #: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Emergency contact (in case you cannot be reached)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

H, C, W  
(circle one)

### TRIP RULES

☺ ☺ ☺ Our youth motto... *We Like It.* ☺ ☺ ☺

- NO headphones (CD or MP3 players) are allowed on trips (unless otherwise noted).
  - If we see it, we take it.
- NO smoking, drinking, or drugs on any of our trips.
  - Must let Adam know about any medications you need to bring with you.
- CELL PHONES are a privilege. If that privilege is abused, your phone will be taken and returned at the end of the event. Any sponsor reserves the right at any time to tell you to put the phone away... no discussion.

