

North Walhalla Church of God

Northface Youth Ministries

Permission Slip

Print this permission slip and bring it with you. This permission slip must be signed in order to attend any event with North Face Youth Ministries.

Child's Name _____

Date of Birth _____

Consent and Release From Liability

I, the undersigned, request that my child be permitted to participate in any event with North Face Youth Ministries. I give my permission for my child to be transported by church bus or private vehicle when necessary. I hereby waive all claims which I might have against the North Walhalla Church of God, their agents, and employees, for injury, accident, illness, or death occurring during or by reason of the above activity. I also voluntarily waive any claim against the owner and/or driver of the vehicle or bus furnishing transportation to any event. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge. This consent and release is in effect until I give the North Walhalla Church of God written notice to the contrary.

Parent or Guardian Signature _____

Date _____

Phone Number(s) _____

Emergency Contact

Name _____

Relationship to Child _____

Phone Number(s) _____

Authorization to Consent Medical Treatment

(I) (we) (parents) (guardian) of the child named above do hereby authorize the North Walhalla Church of God as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general of specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medial staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

List Any Allergies _____

List Any Required Medications _____

