

PERMISSION SLIP
for Sonlight Wesleyan Church, Bluffton, Indiana

By signing the permission slip, you as the parent/guardian are allowing your child to attend the teen trip to the _____.

Child's Name: _____

Please fill out the Medical Release Form below and understand the liability release. It also confirms that all Medical information on that form is up-to-date.

By signing below I give permission for my child to participate in every aspect of the events above.

Parent/Guardian Signature: _____ **Date:** _____

Medical Release Form
For Sonlight Wesleyan Church

Personal Information:

Name: _____ Birth Date: _____ Grade: _____

Parent's Names: _____

Family Address, City, & Zip: _____

Home Phone: _____

Father's and/or Mother's Cell: _____

Emergency Contact Person: _____ **Phone:** _____

Insurance Information:

Insurance Company: _____ Policy#: _____

Medication being taken: _____

Allergies: _____

Other Pertinent Information: _____

I understand that if medical intervention is needed for this child, every attempt will be made to consult the contact persons listed on this form. If, however, those persons cannot be reached, I give my permission to the activity leaders to secure the services of a licensed physician to provide medical treatment that is deemed necessary for the well-being of this child. I understand all reasonable safety precautions will be taken at all times by Sonlight Wesleyan Church and its agents during events, trips and activities. I also understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to release, forever discharge and hold harmless Sonlight Wesleyan Church, its leaders, employees, and volunteer staff from any and all liability and claims for damages, losses, sickness, or injury incurred by this child.

Parent or Guardian Signature: _____ Date: _____