

Generic Permission Slip

Event: _____

(please fill in the event you are giving permission for your child to attend)

Thanks!

for more info call Pastor Mike @ 206-412-6453

Rome Community Bible Church Parent/guardian consent/release form

Student name _____
Age _____ Grade _____ Gender M/F
Address _____
City _____ State _____ Zip _____
Phone _____ Emergency contact # _____
Insurance co. _____ Policy # _____
Health Concerns (allergies, medications, other) _____

I hereby give permission to this youth to attend and participate in activities sponsored by the youth ministry of Rome Community Bible Church. I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above named youth pursuant to this authorization. I hereby give permission for this youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in this event. I understand the general guidelines of behavior: that the participant must respect and obey the instructions of the adult(s) in charge and that NO alcohol, illegal drugs, or sexual misconduct will be permitted at the event. I will assume all transportation costs for the youth if problems occur during this event. I will take no civil action or legal action against the adult(s) in charge of events of Rome Community Bible Church for normal care of the minor in their charge.

Parent Name _____

Parent Signature _____ Date _____