

Single Event Permission Slip Form

Calvary Lutheran Church, Solana Beach

Event:

Date:

Student's Name _____

Grade in School _____ Male____ Female ____

Mailing Address: _____

City: _____ Zip Code: _____

Parent/Guardian Names(s):_____

Home Phone (with area code):_____

Cell phone (parent/guardian): _____

Emergency Contact Name and Phone other than Parent: _____

☐ I give permission for pictures of my son/daughter to be used for publicity purposes at Calvary Lutheran Church. Please note: No names will be used with photos. *Initial* _____

☐ I have been informed that there will be at least one adult who has had child abuse prevention training present at all times during any Calvary Lutheran Church event. *Initial* _____

I, the undersigned, give permission for _____ (youth participant) to participate in the above named activity planned by Calvary Lutheran Church.

I agree to his/her participation and waive all claims against the leaders of this activity, agents, and representatives of Calvary Lutheran Church. The exception would be only those claims due to fraud or violation of the law.

I grant my authorization and consent for any supervising adult member of any and all activities to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize any supervising adult to summon any and all professional emergency personnel to attend, transport, and treat the participant at my expense. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of any supervising adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Allergies or medical needs of which we should be aware? _____

Signature of Mother/Guardian_____ Date Signed_____

Signature of Father/Guardian_____ Date Signed_____