



Tween - Chapel Church – Permission Slip

Effective dates: 8/1/2018 thru 8/31/2019

Please PRINT in INK (blue or black)

NAME (Last)	First	Middle	Age
	Male or Female		
Grade in School	<i>Please circle</i>		Birth date (m/d/yyyy)
Address _____			
City / State / Zip _____			
Home Phone #	()	Cell #	()
Email Address _____			
Medical Insurance Co.	Policy # _____		
Physician	Office #		()
Preferred Hospital _____			
Mother's Name _____			
	()	()	()
	Home #	Work #	Cell #
Father's Name _____			
	()	()	()
	Home #	Work #	Cell #
Emergency Contact _____			
<i>(Other than parents)</i>			
	()	()	()
	Home #	Work #	Cell #

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this child/student.
If necessary, add another page with details ~

1. Does your child have allergies to –
Pollens Medications Food _____
Insect bites _____
2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
Asthma Epilepsy/seizure disorder Heart trouble
Diabetes Frequent Upset Stomach Physical Handicap
3. Date of last tetanus shot: _____
4. Does your child wear: Glasses Contact Lenses



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For your information, we expect each child to conform to these rules of conduct

- ✓ No possession or use of alcohol, drugs, or tobacco
- ✓ No students can drive other students to events/activities
- ✓ No fighting, weapons, fireworks, lighter, or explosives
- ✓ No offensive or immodest clothing
- ✓ No offensive/foul language
- ✓ No boys in girls' sleeping quarters and no girls in boys' sleeping quarters (lock-ins)
- ✓ Participation with the group is expected
- ✓ Respect property
- ✓ Respect one another, staff, and adult leaders
- ✓ Respect and comply with event schedule
- ✓ Cell phones to be in a general basket/area or in their pocket, but **MUST** not become a disruption to the group

Students who fail to comply with these expectations may be sent home at their parent's expense.

I, the student/child, have read the covenant of conduct, the above evaluation of my health, and permission to participate in group activities. I agree to abide by the stated personal limitations and covenant of conduct. Student

Child Signature

Date

Activities may include, but are not limited to: cookouts, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, tubing, snowboarding, hiking, biking, bowling, concerts, conferences, Bible studies, missions activities/trips, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Director of Children's Ministry prior to that event.*

_____ (name of student) has my permission to attend all activities sponsored by Chapel Church [hereinafter the "Church"] from August 1, 2018 thru August 31, 2019. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the child named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the ministry staff member.

Parent/Guardian Signature

Date