

Forest Park Covenant Church
Permission Slip/Waiver
2016-2017

Student's Name Home Phone: _____
Address: _____ Cell Phone: _____
Parent Email: _____ Emergency Phone: _____
City, State, Zip: _____ Birthdate: _____

MEDICAL INFORMATION

Allergies (to medicine or environment): _____
Medications: _____
Physical Handicaps or Limitations: _____
Other Pertinent Concerns: _____

MEDICAL INSURANCE INFORMATION

Medical Insurance Company: _____
Policy Numbers: _____
(Group Number, Certificate number, etc.)

Member's Name: _____
Company to call: _____ Phone #: _____

RESPONSIBILITY AGREEMENT, AUTHORIZATION AND RELEASE

I understand that all Forest Park Covenant Church's activities, events and trips are alcohol free, smoke free, and drug free and are governed by generally accepted rules of conduct and behavior.

- 1) I hereby agree to be held liable for my child's actions and release Forest Park Covenant Church from any liability for my child's actions in the event that such actions or behavior causes damage or injury to property or person.
- 2) I acknowledge that Forest Park Covenant Church reserves the right to send my child home from any activity, event or trip in which my child has violated the rules of conduct including, but not limited to: drugs, alcohol, weapons, and/or blatant disrespect for authority. I agree to be financially liable for the cost of travel, accommodations and other expenses that may be incurred as a result of my child being sent home from an activity, event or trip. I have read and discussed this policy with my child.
- 3) In the event medical treatment is required, I understand every effort will be made to contact me (us) by telephone. I (we) hereby give permission to a physician to hospitalize, secure proper treatment, administer anesthesia or perform surgery for the student listed on this form. This medical treatment authorization is good for Forest Park Covenant Church Student Ministry events. I (we) agree to indemnify and hold Forest Park Covenant Church, its paid and volunteer staff harmless for personal injuries to others or property damage which result from my (our) son's/daughter's participation in the course of activities for all events September 2016 through August 2017. Forest Park Covenant Church assumes no responsibility for personal items. I (we) give permission for the use of photos, videos, comments, etc. that include my son/daughter to be used in church promotional materials.

PORTAGE LAKE COVENANT BIBLE CAMP AGREEMENT, AUTHORIZATION AND RELEASE

I hereby release Portage Lake Covenant Bible Camp, its staff, and sponsors from responsibility and liability for any injury or illness that the above-named student may sustain during this retreat. In the event of an emergency, I hereby authorize an adult leader of this activity as an agent or me, to consent to any x-ray examination, medical, dental, or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state of Michigan, either at a doctor's office or in any hospital. In the event of an emergency, expect to be contacted as soon as possible. Portage Lake Covenant Bible Camp may use comments, photos, videos, etc. of the camper in its promotional materials.

I have read the above waiver and with my signature give permission for my student to participate in all activities with Forest Park Covenant Church.

Parent signature(s): _____ Date: _____