

ST. Michael Lutheran Church Parent Permission Slip

(allowing your child to participate)

Students Name _____ Age _____

Event Name Downtown Plymouth Photo Scavenger Hunt

Place Downtown PLymouth

Dates of event 5/16

Current Medications for student: _____

Allergies (food or otherwise)

Special Needs instructions _____

Emergency Call May be made to (full name) _____

Contact Information for this person. _____

(students name) _____ has the permission of the undersigned to participate in the activity indicated above. He/she has permission to travel to and from the event in the church vehicles, under supervision of the designated leadership adults/chaperones. In the event of an emergency affecting the health or welfare of this participant, the leaders/adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention as deemed necessary. The individual action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant. Insurance afforded by the St. Michael church is an excess insurance, over any and all valid and collectible insurance coverages available to or for such persons. As expressly named above.

Signature of Parent/Guardian

Please Print name here: _____

Date _____