

Parent Permission Slip

(allowing your child to participate)

Student Name _____ Age _____

Event Name **Dodgeball Tournament**

Place St. Michael Lutheran Church of Canton
7000 N. Sheldon Rd.
Canton, MI 48187

Date/Time **Feb. 23, 2018 6:30PM, In the gym.**

Current Medications for student

Allergies (food or otherwise)

Special Needs instructions

Emergency Contact (full name)

Emergency Contact Phone (Home or Cell)

(*student 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. I understand that St. Michael Lutheran Church will not be responsible for any injury to my child as a result of participation or observation of the event.

Signature of Parent/Guardian _____

Please Print name: _____

Date _____