



Permission Slip

I certify that my child is in good physical condition and give my permission for him/her to participate in: _____). Should any illness or accident occur to my child during this activity, I will not hold Adventureland preschool nor the staff, the Church nor its agents, the church officers, or its members liable. I herewith, for myself, my heirs, executors, and administrators, voluntarily waive, release, and forever discharge any and all rights and claims for damages against Crosswind Community Church, Adventureland preschool, Grace International, and/or the Christian Evangelistic Assemblies (C.E.A.) in conjunction with any loss—physical, mental, or implied, received by me and arising from my child's participation in this church or school activity. I give my permission for any photographs or video taken at this event to be used for publicity purposes on behalf of the church & preschool.

Childs (Children's) Name _____

Address _____

Parents/Guardian's Name _____

Day Phone # _____ Other Phone # _____

Family Physician _____ Phone # _____

Insurance Co. _____ Policy # _____

Preferred Hospital _____

Known Allergies _____

In an emergency, if parents cannot be contacted, notify:

Name	Relationship	Phone #
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- Adventureland Staff [] May [] May not apply first-aid treatment until emergency personnel and/or the family physician can be contacted.
- Adventureland Staff [] May [] May Not use their own judgment in securing medical assistance and ambulance service in case the parents cannot be reached.
- My Child/Children [] May [] May not receive medical attention by a licensed physician.
- My Child/Children [] May [] May not be admitted to a hospital in case of an emergency.

(Parent/Guardian will be notified first if possible)

Parent/Guardian Signature _____ Date _____