



**JKPC Middle School, High School
And College Young Adults!**

**Sunday, February 3
3-7 p.m.**

**at the O'Connell's House
7527 Corrinne Street
in San Ramon**

**JKPC will provide hot dogs and drinks.
Please bring your favorite snack, side dish
or dessert to share.**

**Parents responsible for transportation. RSVP to
Nancy at jkpcnancyp@sbcglobal.net
Permission Slip is needed - bring it to the party**

John Knox Presbyterian Church
Middle School & High School Parental Permission Slip/Medical Authorization

I hereby give my permission for _____ to participate in the following activity:

SUPER BOWL Party at the O'Connell's home, 2/3 3-7 p.m.
(Parents are responsible for transportation to and from this event)

Full Name of (Minor): _____ Date of Birth ____/____/____ Grade _____
Full Name of (Minor): _____ Date of Birth ____/____/____ Grade _____

Primary Address: _____ City: _____ State: _____ Zip: _____
Name of Mother _____ Best Contact # during Trip: _____
Name of Father _____ Best Contact # during Trip: _____

Doctor's Name/Phone #: _____
Health Insurance Company: _____
Primary Person Insured: _____ Policy Number: _____
Emergency Contact (if parent is not available): Name: _____ Phone # _____

Does Minor have any food or drug allergies? Yes No If yes, please list _____
If medication during trip is needed, list the name, dosage, purpose, time and how the medication(s) are to be taken by Minor: _____
Do leaders, using discretion, have permission to provide your child with over-the-counter medicine? Yes No

PERMISSION/AUTHORIZATION

I, the parent (guardian) of the above named child, hereby, give my permission for his/her participation in the youth activities named above. I understand and agree that the minor may be sent home at my expense if any employee or volunteer determines that the minor has: engaged in disruptive behavior, broken any rules or constitutes a threat to the safety or well being of any other participant at any time during any activity.

I agree that in the event my child is injured as a result of his/her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence (active or passive) of the youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against an accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I give my authorization and consent for the John Knox Presbyterian Church of Dublin, CA (the Church) and the Church's adult employees and volunteers to seek, authorize, and consent to such medical or dental care for Minor as any one or more of them may deem necessary or appropriate. Such Treatment (1) shall be provided upon the advice of and supervision by a physician, surgeon, dentist or other medical practitioner licensed to practice under the laws of the state or jurisdiction in which such Treatment is sought, and (2) may include, without limitation, x-ray examination; anesthetic; medical, dental, or surgical diagnosis or treatment; and hospital care. Every effort will be made to contact one of the signers of this authorization before treatment is authorized whenever possible. This Authorization for Medical Treatment may be photocopied and be as valid as an original copy. Each of the undersigned acknowledges and agrees that the John Knox Parties shall not be legally or financially liable for any bill or expense incurred in, or any cause of action or claim arising from, the provision of any Treatment or the failure to provide or seek any Treatment. In consideration of Minor's participation in one or more events sponsored by the Church, each of the undersigned hereby agrees to indemnify, defend, and hold harmless the John Knox Parties from and against any and all losses, damages, liabilities, or expenses (including, without limitation, reasonable attorneys' fees and other costs of defense) in connection with any and all actions, suits, claims, or demands that may be brought or instituted against any John Knox Party and arise out of or result from the provision of any Treatment or the failure to provide or seek any Treatment. This paragraph shall survive any termination or expiration of the Authorization for Medical Treatment for any reason.

Parent Name (printed)

Parent Signature

Date