

Clarkston Free Methodist Church
Student Permission Slip 2011-2012

The date range for this form is August 1, 2011 to September 1, 2012 unless you specify here: Other date range: _____

Student Name _____ Age: _____ Birthdate: _____ Grade: _____

Address _____ Phone #(s) _____

City _____ State _____ Zip _____ Gender: _____

The undersigned does hereby give permission for our (my) child, _____ to attend and participate in activities sponsored by the Clarkston FMC. I understand that there are inherent risks involved in any ministry or athletic event. I voluntarily elect or accept and solely assume all risk of damages and injury incurred or suffered by the student named above while attending events organized by the Church. In the event of an emergency where medical treatment is required, I give my permission to the church staff or adult sponsor to obtain the services of a licensed physician, and I will agree to pay all the costs and expenses incurred for such treatment. I also understand that the Clarkston FMC will attempt to notify me immediately concerning any such emergency.

Signed _____ Date _____

Printed Name _____

Hospital Insurance Co: _____ Policy# _____

Emergency Contact: _____ Phone # _____

Special Medical concerns/allergies/instructions/medications (use back if necessary)

Photo/Video Release

I certify that photographs or videotape pictures of my child participating in youth group activities may be reproduced and utilized in promotional materials for the Church.

Signed _____ Date _____