

PERMISSION SLIP FOR FIRST CHRISTIAN CHURCH ATCHISON, KANSAS

_____ has my permission to travel with _____
(Youth Name) (Sponsor Name)

To _____
(Location &/or Event)

Person to notify in case of an emergency:

Name: _____

Relationship to Youth: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Health and Accident Insurance: Please provide your insurance provider or an attached copy.

Name of Company: _____

Policy Number: _____

Allergies: _____

In case of accident or illness, I hereby give permission to the physician selected by the Group Leader to hospitalize secure proper treatment for and/or order injections, anesthesia, or surgery for the above named individual.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date