

**Forest Park Covenant Church Student Ministry**  
**Permission Slip/Waiver**

Student's Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies (to medicine or environment): \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Physical Handicaps or Limitations: \_\_\_\_\_

Other Pertinent Concerns: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

Medical Insurance Company: \_\_\_\_\_

Policy Numbers: \_\_\_\_\_  
(Group Number, Certificate Number etc.)

Member's Name: \_\_\_\_\_

Company to call: \_\_\_\_\_ Phone #: \_\_\_\_\_

**RESPONSIBILITY AGREEMENT, AUTHORIZATION AND RELEASE**

I understand that all Forest Park Covenant Church's activities, events and trips are alcohol free, smoke free, and drug free and are governed by generally accepted rules of conduct and behavior.

1) I hereby agree to be held liable for my child's actions and release Forest Park Covenant Church from any liability for my child's actions in the event that such actions or behavior causes damage or injury to property or person.

2) I acknowledge that Forest Park Covenant Church reserves the right to send my child home from any activity, event or trip in which my child has violated the rules of conduct including, but not limited to: drugs, alcohol, weapons, and/or blatant disrespect for authority. I agree to be financially liable for the cost of travel, accommodations and other expenses that may be incurred as a result of my child being sent home from an activity, event or trip. I have read and discussed this policy with my child.

3) In the event medical treatment is required, I understand every effort will be made to contact me (us) by telephone. I (we) hereby give permission to a physician to hospitalize, secure proper treatment for, administer anesthesia or perform surgery for the student listed on this form. This medical treatment authorization is good for Forest Park Covenant Church Student Ministry events. I (we) agree to indemnify and hold Forest Park Covenant Church, its paid and volunteer staff harmless for personal injuries to others or property damage which result from my (our) son's/daughter's participation in the course of activities for all events September 2011 through August 2012. Forest Park Covenant Church assumes no responsibility for personal items. I (we) give permission for the use of photographs that include my son/daughter to be used in church publicity.

**I have read the above waiver and with my signature give permission for my student to participate in all activities with Forest Park Covenant Church from September 2011 until August 2012.**

Parent signature(s): \_\_\_\_\_

Date: \_\_\_\_\_