

Kish Children's Ministry Permission Slip

I, the undersigned, am the parent, the parent having legal custody or the legal guardian of _____, a minor, and have given my consent for him or her to travel along with Kish Valley Grace Brethren Church to _____ on _____. In the event that he or she is injured while attending the project and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and / or hospital personnel refuses to administer without my consent, we here-by authorize Pastor Matt Simms or other leaders to give such consent for us if we cannot be reached by **telephone at one of the numbers indicated below** or, because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician.

Telephone Numbers: _____

Signature(s):

As parent/legal guardian of the student named above, I have reviewed the information about the children's ministry activity/event and give my permission for him/her to be involved in the activity listed above.

Parent/Guardian Signature _____ Date _____

Relationship to student: _____