

Bloomingtondale Church Youth Group Permission Slip

Permission Slip Due Date: _____

Activity Name: _____

Activity Location: _____

Leader in Charge: _____

Form of transportation (if applicable): _____

Departing (date/time/location): _____

Returning (date/time/location): _____

Activity cost: _____ . [Cash]. Turn in money with permission form.

PLEASE NOTE: We have a no electronics policy on all offsite trips (Cell phones, mp3 players). Students will always be with adult leaders and therefore will be able to use their cell phone if needed.

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Please tear and return bottom section to Mrs. Marina/Dr. Beard *by due date*.

_____ has permission to attend the _____ activity under the supervision of the Bloomingtondale Alliance Church PAK on _____(date).

I agree to indemnify and hold harmless Bloomingtondale Church and any personnel who are involved for all claims arising as a result of my son or daughter's participation in this activity.

In case of emergency, I hereby give permission for emergency medical treatment to be sought for my son/daughter by representatives or agents acting on behalf of Bloomingtondale Alliance Church to administer medication and/or First Aid AND give permission to an attending physician to hospitalize or secure proper emergency treatment/surgery for my son/daughter. I will not hold Bloomingtondale Alliance Church or any person liable for any assistance they give my son/daughter.

My son/daughter has the following allergies/medical needs:

I give permission for my son/daughter to use Bloomingtondale Church's method of transportation.

Parent/Guardian _____(Signature) _____(Date)

Parent/Guardian _____(Printed Name)

Parent/Guardian Emergency Contact Phone Number (_____) _____