

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 or Check]. Make checks payable to Bloomingtondale Church Youth Group. Turn in money with permission form.

PLEASE NOTE: We have a no electronics policy on all overnight youth 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.

.....
Please tear and return bottom section to Daniel's office mailbox (High School)
or Dale/Jen (Jr. High) *by due date*.

_____ **has permission to attend** the _____ activity
under the supervision of the Bloomingtondale Alliance Church Youth Group 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.**

If applicable,
circle t-shirt size:

S M L XL XXL

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 (_____) _____