

SLICER STREET YOUTH PROGRAM
EMERGENCY/PERMISSION FORM

NAME: _____

ADDRESS: _____

PARENTS'/GUARDIANS' NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

NOTIFY IN EMERGENCY (OTHER THAN PARENT/GUARDIAN)

_____ PHONE: _____

ADDRESS: _____

NAME OF INSURANCE COMPANY: _____

POLICY NO: _____

As parent or guardian, I hereby give my approval and consent for _____
_____ to attend _____
from _____ to _____. In consideration thereof, I hereby
relieve Slicer Street Church of Christ and all adult chaperons on the trip my child is attending from
any and all liability for sickness, accidents or injuries of any nature or cause whatsoever while
attending, coming to or leaving the trip. In case of an emergency illness of my child demanding
immediate attention by a doctor to save his/her life, and the adult chaperons are unable to reach
me by phone, I give my consent for the group leader in charge and/or adult chaperons to
authorize the doctor to do what he/she deems necessary to save the child's life.

Signature of Parent/Guardian

Date