

Student Ministry

Permission Slip



Event _____

Event Date _____

Student Name _____

Gender M F

Grade 7 8 9 10 11 12 (circle) Parent / Guardian Name _____

Phone: _____ Email: _____

I am a visitor coming with _____ (*if applicable)

The drop-off/pickup times for this event are _____

The cost of this event is _____

I HEREBY AUTHORIZE THE PARTICIPATION OF THE ABOVE NAMED STUDENT IN THE ACTIVITIES PROVIDED BY VENTURE CHURCH. I HEREBY RELEASE AND HOLD HARMLESS VENTURE, ITS OFFICERS, EMPLOYEES, AGENTS AND MEMBERS OF THE BOARD FROM ALL CLAIMS AND CAUSES OF ACTION BY REASON OF ANY INJURY WHICH MAY BE SUSTAINED AS A RESULT OF THESE ACTIVITIES. I AGREE TO DIRECT MY CHILD TO COOPERATE AND TO CONFORM TO DIRECTIONS AND INSTRUCTIONS OF PERSONNEL OF THE ORGANIZATION IN CHARGE OF THESE ACTIVITIES. I ALSO UNDERSTAND THAT IF MY CHILD FAILS TO ABIDE BY THE STATED RULES, HE/SHE MAY BE SENT HOME AT MY EXPENSE.

I HEREBY GIVE MY PERMISSION TO THE PHYSICIAN, NURSE OR DENTIST SELECTED BY THE RIVER TO SELECT MEDICAL OR DENTAL AID FOR ILLNESS OR INJURY UNDER PHYSICIANS ORDER INCLUDING TRANSPORTATION TO AND FROM NECESSARY FACILITIES. AS A PARTICIPANT, I UNDERSTAND THAT VENTURE IS NOT OBLIGATED TO CARRY ANY INSURANCE TO COVER THOSE MEDICAL OR DENTAL EXPENSES.

PARENT OR LEGAL GUARDIAN SIGNATURE _____

DATE _____

CELL PHONE # _____

WORK PHONE # _____

HOME PHONE # _____

INSURANCE CO _____

POLICY # _____

KNOWN ALLERGIES _____

CURRENT MEDICATION (S) _____

ALTERNATE CONTACT _____

PHONE # _____

