

PERMISSION SLIP AND MEDICAL RELEASE FORM

I give my permission for my child, _____, to go with
Woodland Church to _____ on
_____ (date). I also give my permission for an adult representative of
Woodland church to seek emergency medical treatment for my child. I will not hold
Woodland Church responsible for any injuries my child may incur.

Parent's Signature _____ Date _____

Phone number where parent can be reached during this event _____

Insurance Company _____ Policy Number _____

Person to contact in case of emergency, if unable to reach parents:

Name _____ Phone number _____

Relationship _____

Are there any medical conditions or physical limitations we should be aware of?
