

Permission Slip

Youth Name _____

Parent/Guardian _____

Emergency Contact:

Home Phone _____ Cell Phone _____

Medical Conditions or Restrictions _____

Allergies _____

Current Medications _____

Insurance Information _____

I give permission for _____ to attend
_____ on _____. I also give permission for
him/her to receive first aid/medical care should an emergency arise and I expect
to be notified as soon as possible. I hereby release VVAC, its staff and leaders,
from responsibility and liability from any injury or illness that my child may sustain
during the entirety of this event.

_____ Date _____

(Signature of Parent/Guardian)

* In the event payment is made via check for any SURGE event, please make the check payable to ValleyView Alliance Church and mark which event the payment is for on the "Memo" line.