

**Youth Ministry Outing Permission Form**

*Permission Slip and Release of Liability for Sandborn First Christian Church Events*

I, \_\_\_\_\_ give my permission for my child, \_\_\_\_\_, to participate in the \_\_\_\_\_ (event) on \_\_\_\_\_ (date). I give my permission for my child to travel by church van/bus, a volunteer's vehicle or rented bus or van. I understand that if my son/daughter acts inappropriately during this event, I will be called and expected to come and bring my child home. Inappropriate acts include, but are not limited to: use of drugs, tobacco, or alcohol; continued behavior that is dangerous; and have other behavior that is deemed inappropriate by the adult group leaders. I release, hold harmless, and discharge Sandborn First Christian Church, its staff and volunteers from any and all liability, claim, loss, damage, cost, or expense which may be incurred during this event. I hereby authorize the staff and volunteers of Sandborn First Christian Church to seek qualified medical care for my child in the event of an emergency, and agree to be responsible for any and all fees.

I also give permission for my child's image to be used in church publications, the church website, posters, and videotapes which may be shown to the church congregation and/or the general public.

**Parents Names:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Who should we contact in case of an emergency if you cannot be reached:**

\_\_\_\_\_  
**Relationship to child:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Insurance Company and I.D. Number:** \_\_\_\_\_

**Does your child have any food or medical allergies?** \_\_\_\_\_

\_\_\_\_\_  
**Does your child have any medical conditions that we should know about?** \_\_\_\_\_

\_\_\_\_\_  
**Is your child taking any medications? Please list all prescription and over-the-counter.** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_