

PERMISSION SLIP

DATE: \_\_\_\_\_  
STUDENT NAME \_\_\_\_\_ Grade: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PARENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Health Problems/Allergies/Medications: \_\_\_\_\_  
Activity Restrictions: \_\_\_\_\_  
Regular Medications: \_\_\_\_\_  
Tetanus in past 10 years: \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

I, \_\_\_\_\_ the parent or guardian of the above named participant give my permission for the above named minor to participate in ANY ACTIVITIES sponsored by Lakehills Covenant Church. I authorize adult workers for the church to act as agents for the above named minor to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under provisions of the Medical Practice Act on the medical staff of a licensed hospital in the event I cannot be reached.

I do hereby knowingly release Lakehills Covenant Church, any adult leaders, whether volunteer or professional, from all liability for any accident, injury, or death that may occur at any activity sponsored by or participated in by Lakehills Covenant Church, and that the Waiver of Liability shall bind heirs, executors, administrators, assigns, and/or other person(s) having control over the affair(s) of the minor.

I also grant permission to Lakehills Covenant Church to post pictures on-line (i.e., Lakehills website) or otherwise of my student as they participate in events affiliated with said church. I understand that these pictures will never be sold or altered in any way and are used for the purpose of promoting the ministry and student-life.

\_\_\_\_\_ parent or guardian signature