

SAYSF BIBLE CHURCH PERMISSION SLIP
(Parent/Guardian Consent, Medical Release, Emergency Contact)

46544 Rue Purchase Road • Lexington Park, MD 20653
Phone: 301-862-3755 • Fax: 301-862-5470
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ACTIVITY:	COST (\$):
DATE(S):	TIME(S):

The undersigned does hereby give permission for _____^{MINOR(S)} to attend and participate in the ACTIVITY listed above on the DATE(S) listed above, as well as:

1. *Minor(s)* may ride in any vehicle designated by any adult in whose care the *minor(s)* has been entrusted.
2. Any adult, in whose care the *minor(s)* has been entrusted, is authorized to consent to any anesthetic, medical, surgical, or dental diagnosis, treatment, examination, or evaluation, including hospital care. Care shall be rendered to the *minor(s)* under the general or special supervision and advice of any physician or dentist licensed under the provisions of the Medical Practice Act or by the medical staff of a licensed hospital or emergency care facility, whether such diagnosis/treatment is rendered at an office, hospital, or otherwise.
3. Treatment may be authorized after reasonable effort (if possible) has been made to reach the undersigned.
4. The undersigned shall be liable and pay all costs and expenses incurred in connection with such services (above) rendered to *minor(s)* pursuant to this authorization. Should it be necessary for *minor(s)* to return home for any reason (medical, disciplinary, or otherwise), the undersigned shall assume all related costs.
5. *Minor(s)* may participate in listed activity on and/or off church grounds under the direct or indirect supervision of the leaders or designees; teens may also spend time without direct adult supervision.
6. I hereby release SAYSF Bible Church and all designated leaders from all liability.

Parent/Guardian (print): _____ **Phone #:** _____

Signature: _____ **Date:** _____

Emergency Contact Person: _____ **Phone #:** _____

Family Physician: _____ **Phone #:** _____

Minor 1: _____ DOB: _____ Drug/Food Allergies: _____ Last Tetanus Shot (MM/YY): _____	Minor 2: _____ DOB: _____ Drug/Food Allergies: _____ Last Tetanus Shot (MM/YY): _____
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Additional Activity Info: