



EVENT PERMISSION SLIP AND RELEASE FORM

To be signed by Parent or Legal Guardian and returned to the Event Leader before the event.

EVENT: Journey Youth Day at the Lake June 17, 1017

DEPARTURE: Journey@McPherson 2:30 pm RETURN: Journey@McPherson 7:00 pm

WHAT TO BRING: Swimsuit and Towel

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

EMERGENCY CONTACT

Name: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Medical Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Special Information/Allergies/Medications/Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We the parent(s)/guardian(s) of the above listed child/youth agree to waive all claims against Journey Mennonite Church and its agent(s), employees, volunteers, representatives and officers for any unexpected event/injury occurring during this trip. I give permission on behalf of my child to engage in all prescribed activities, except as noted. I will make sure my child understands and agrees to abide by the restrictions noted. If special medication is involved, I will instruct my child to take responsibility to go to the First Aid person at scheduled times.

Authorization for treatment: If I am unavailable in an emergency situation, I hereby consent for the Church Event Leader to administer First Aid to my child and/or to select medical personnel to order x-rays, routine tests, treatment, to release records necessary for insurance purposes and to provide and/or arrange necessary transportation for my child. I give my permission to the physician selected to secure and administer treatment, including hospitalization, for my child. I understand that health and accident insurance protection is my responsibility.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian name printed: \_\_\_\_\_

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Detach here and retain for your records.

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Event Contact: Jim Ostlund Cell: 620-615-2808