

Activity Permission Slip - Live Oak Church

Student's name: _____

Church activity: _____

Date: _____

I _____ legal guardian of _____
give permission for my child to participate in the above activity.

Special instructions or comments: _____

Allergies: _____

Medications: _____

_____ check here if you want us to administer medication

Instructions for medication: _____

I do not hold Live Oak Church or it's members liable for any accident or injury associated with any of the activities associated with the above event.

Furthermore I do hereby authorize Live Oak Church to seek emergency health care if a parent can't be reached by phone.

Parent Signature (under age 18): _____

Parents contact numbers: _____

Student Signature (18 or older): _____

Medical information or history pertinent to emergency health care (insect sting etc.): _____

Health insurance: _____ Insured name: _____

Policy #: _____ Group #: _____

Insurance contact #: _____