

Youth & Children's Ministries

SINGLE EVENT PERMISSION SLIP

Child's Name _____ Grade _____

Event Name _____ Place _____

Dates / / through / / Mode of Transportation _____
dd mm yyyy dd mm yyyy

*This Permission Slip is valid only for the dates indicated above.

Childs Health Insurance Carrier _____ Policy Number _____

Birth Date / / Last Tetanus Injection Date / /
dd mm yyyy dd mm yyyy

Current Medications _____

Allergies _____

Special Medical Instructions (please attach separate sheet if necessary) _____

An Emergency Call May Be Made To (full name) _____

Whose Phone Number Is (including area code) _____

(Childs Name) _____ has the permission of the undersigned to participate in the activity indicated above. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. The individual action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant. Insurance afforded by Trinity Assembly of God, Chuluota, FL Inc. is an excess insurance, over any and all valid and collectible insurance coverage available to or for such person, as expressly named above.

Signature of Parent/ Guardian _____ Date / /
dd mm yyyy

Parent/ Guardian's E-mail Address _____

125 Trinity Assembly Circle
 Chuluota, FL 32766
 407-365-3004
 trinityassemblylive.com

