

# North Congregational Church

## PERMISSION SLIP

**Both sides of this form must be completed and signed**

I hereby give permission for my child to accompany the North Congregational Church Pilgrim Fellowship on any or all of their 2015-2016 activities/field trips/retreats and excursions.

Dates: September 1<sup>st</sup>, 2015 – August 31<sup>st</sup>, 2016

It is my understanding that the students may be driven by the chaperones.

- I give permission for my child to be included in any pictures in connection with these programs - \_\_\_\_\_ initials

Child's name (please print): \_\_\_\_\_

### Emergency contacts:

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

Alternate emergency contact:

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

Parent or guardian's name (print): \_\_\_\_\_

Signed: \_\_\_\_\_  
(parent or guardian)

Date: \_\_\_\_\_

# EMERGENCY TREATMENT AUTHORIZATION

In the event of an illness or accident that requires immediate medical attention to

---

Child's name – please print

while attending a North Congregational Church event, I give permission for an approved representative/chaperone from North Congregational Church to authorize such treatment. I will not hold the church or medical personnel responsible. In signing this I understand that every attempt will be made to contact the parent/guardian and alternate person listed as emergency contacts.

Signed: \_\_\_\_\_  
(parent or guardian)

Date: \_\_\_\_\_

Child's physician: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy number: \_\_\_\_\_

Policy holder: \_\_\_\_\_

Allergies, medications, other medical information:

---

---