

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: 301-862-547
 E-mail: saysf@saysf.org • Web Site: www.saysf.org

ACTIVITY:	COST (\$):
DATE(S):	TIME:

The undersigned does hereby give permission for: _____
 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: _____	Minor 2: _____ DOB: _____
Drug/Food Allergies: _____	Drug/Food Allergies: _____
Last Tetanus Shot (MM/YY): _____	Last Tetanus Shot (MM/YY): _____

return above; cut and keep below	return above; cut and keep below	return above; cut and keep below	return above; cut and keep below