



Annual Permission Slip for 2007 - 2008

[Instructions: Complete this form and return to Thom Thelen, Your Youth Leader, or the Kilpatrick Church Office]

Student Name: _____ Grade (Fall 2007): _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Email: _____

Parent/Guardian Name(s): _____ , _____

Cell phone #s: _____ , _____

(Student's name goes here)

_____ has the permission of the undersigned to participate in all Radiate Youth Ministry activities and Small Group activities through July 31, 2008. I/We acknowledge that if the subject of the release has to return home for breaking any rules, it will be the parent/guardian's responsibility to arrange transportation. I/We do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of a licensed physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I/We agree not to hold Kilpatrick Church, Sebewa Church of God, their staff, volunteers, or agents liable for damages, losses, or injuries incurred by the subject of this form.

Student's Health Insurance Carrier: _____ Policy #: _____

Signature of Parent or Guardian: _____ Date: ___ / ___ / ___

Student's Date of Birth: ___ / ___ / ___ Date of last Tetanus injection: ___ / ___ / ___

Current Medications: _____

Allergies: _____

Any Special medical instructions: _____

(Copy of this form is as valid as the original)