



1090 West Mount Drive  
Rocky Mount, NC 27803  
252.937.2999

**PERMISSION SLIP FOR YEAR \_\_\_\_\_**  
Church Transportation/Day and Overnight Events

Child's Name \_\_\_\_\_  
First Middle Last

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Numbers \_\_\_\_\_ / \_\_\_\_\_

Email \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

List any existing medical conditions, medications currently being administered, and any allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activities sponsored by or attended by Living Faith Fellowship, I hereby give my permission to the physician or dentist selected by the Living Faith Fellowship leadership to hospitalize, to secure medical treatment and/or an injection, anesthesia or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the Living Faith Fellowship leadership team. I understand the possibility of unforeseen hazards and the inherent possibility of risk. I agree not to hold Living Faith Fellowship, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

In signing this form, I give my child(ren) permission to participate in all youth activities during the 2015 calendar year. I understand that some events may require my child to be transported via church van or personal vehicle.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Participant (18 or older) \_\_\_\_\_ Date \_\_\_\_\_