



Permission Slip

Please complete separate forms For EACH Child

Child's Name: _____

I _____ (parent/guardian name/s)

give permission for my child _____ (name) to attend the following:

Event:	Vacation Bible School
Date:	JUNE 19-23, 2017

I give the Children's ministry leaders and their designees, permission to supervise them during the event listed above.

I also give my permission for them to seek out any necessary medical treatment for my child should such attention be required, and authorize medical personnel to treat them as necessary for any injuries incurred while on this event.

I recognize that injuries are always a possibility and release King's Way Christian Center, and all staff, leaders, as well as property owners, and affiliated personnel from liability for any incidences which may result from the activities surrounding this event when such activities do not violate criminal codes of law.

I also agree to come and pick up my child from their location should difficult discipline issues arise where they are no longer respectful and responsive to the reasonable supervisory efforts of the leaders.

I also agree to completely disclose on the reverse or attached sheets all medical and/or mental health issues which are necessary for the supervision of my child.

Signature: _____ Date: _____

Please Print Parent's Full Name: _____

Please be sure to complete the form on the other side of this sheet

Emergency Medical Information Questionnaire

Student Name: _____ Birth date: _____ Age: _____
 Address: _____

 City: _____ State: _____ Zip: _____
 Parent (s) Name (s): _____ Home
 Phone: _____
 Cell Phone: _____ Work Phone: _____
 Other Emergency Contact: _____ Emergency Contact Relationship/Phone #: _____

Health History

Has he or she had:	Yes	No	Yes	No
An attack of appendicitis?			Heart Trouble?	
Asthma or Hay Fever?			Scarlet Fever?	
Hernia (rupture)?			Significant Disease or injury?	
Rheumatic Fever?			Surgery?	
Diabetes?			Does he or she take insulin?	
Any Food/Drug/Other Allergies?			Poison Ivy, Oak or Sumac?	
Is he or she under medical care requiring medication?			Is his or her activity restricted for medical reasons?	
Is he or she subject to:	Yes	No	Yes	No
Sinus trouble?			Convulsions?	
Fainting spells?			Reaction to penicillin?	
Ear Trouble?			Anxiety or easily upset?	

If the answer to any of these questions is "yes," please explain below or on separate sheet:

 Other Issues: _____

Permission For Emergency Medical Treatment

In the event my child becomes ill or sustains injury while in the care of or under the supervision of King's Way Christian Center, or any of its leaders, the same are given permission to administer first aid for his or her relief.

I also release King's Way Christian Center and all staff, leaders, and affiliated personnel from liability for any incidences which may result from the administration of first aid or medical treatment when such activities do not violate criminal codes of law.

If it is not practical to return our child to us for necessary immediate care, consent is hereby given to admit hi/her to any hospital; consent is also given to any licensed physician and/or surgeon called, or to whom our child is taken for treatment by them to administer such treatment, drugs and medicines, and to perform such surgical procedures as he/she shall think the existing emergency requires for the relief of pain and to preserve his or her life and health. Authorization is also given for such other measures or procedures as may be required.

Signature: _____ Date: _____

Please Print Parent's Full Name: _____

Please be sure to complete the form on the other side of this sheet