

# Permission Slip

**Event:**

**Date(s):**

**Time:**

**Location:**

**Cost:**

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**Student Expectations:**

- No possession or use of alcohol, drugs, or tobacco.
- No fighting, weapons, fireworks, lighters, or explosives.
- No offensive or immodest clothing.
- Participation with the group is expected.
- Respect property.
- Respect one another, staff, and adult leaders.
- Respect and comply with event schedules.

\*Students who fail to comply with these expectations may be sent home at their parent's expense.

I, the student, plan to attend the above event, have read the student expectations, and agree to abide by them.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental Permission:**

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_ (hereinafter "my child", hereby give consent for my child to attend and participate in the above event.

**Consent for Medical Treatment:**

I, the undersigned, have legal custody of the student named above, a minor, and have given my consent for him/her to attend the above event, and I hereby release Hope Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Hope Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that we will ultimately be responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency Phone Number(s): \_\_\_\_\_

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