

Permission Slip for BC Students Fuzzy Fall Retreat

Student's Name: _____

Father: _____ Business/Cell Phone: _____

Mother: _____ Business/Cell Phone: _____

To Whom It May Concern:

The undersigned hereby give(s) permission for our (my) child, _____, **to attend the student ministry events and/or ride in any vehicle designated by the adult in whose care the minor has been entrusted for the Fuzzy Fall Retreat Event Friday November 3 through Sunday November 5th, 2017** and relieve(s) the Church of all liability in the event of an accident.

In case of emergency, every attempt will be made to contact a parent/guardian. If a parent cannot be reached, I (we) authorize **Briarcliff Church, or any adult, in whose care the minor has been entrusted**, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Participant's Signature, if 12 years or older: _____

Parent or Guardian Signature: _____

Parent or Guardian Signature: _____

The signature of only one parent or guardian is required.