

Westminster Church Junior High Permission Slip

I, _____ give my child,
_____ permission to attend the
_____ on _____. This
includes permission for my child to ride in a vehicle driven by an adult church member.
It also gives my child permission to participate in the planned activities during this trip. .
I further give my permission to the chaperones to obtain MEDICAL TREATMENT for
my child should that be seen as necessary by them, medical personnel or other competent
authority with the understanding that every attempt will be made to contact me at the
emergency numbers listed below.

Signature, Parent / Guardian

Date

Childs Name: _____

Childs Grade: 6 7 8 9

Address: _____
(street) (city) (zip)

Home Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Insurance Carrier: _____

Policy #: _____

Family Physician: _____

Dr.'s #: _____

Medical Conditions/Illnesses or other information we should be aware of:

If an emergency occurs during this date and you need to contact your child, you may do
so by calling April's cell phone, 661-6110.