

## PERMISSION SLIP, MEDICAL CONSENT AND GENERAL RELEASE

I, the undersigned parent or guardian, give permission for my child, \_\_\_\_\_ a minor, to participate in the activities/outings of Terranova church and I have listed any physical impairments that would affect my child's participation. I authorize Terranova Church, its staff members and volunteers to act for me according to their best judgment in any emergency requiring medical attention and give consent for any and all medical treatment deemed appropriate and necessary by the attending medical professional. I hereby waive and release Terranova Church, the staff and volunteers from all liabilities for injuries or illnesses incurred during activities/outings. This permission slip is valid from January, 2010 through December 2010.

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Signature	Relationship to Child	Date	Phone
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Home address	City & zip code
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Insurance Company	Policy #
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Emergency Contact	Phone #	Email
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Current Grade Level (circle one): 5<sup>th</sup> Grade or 6<sup>th</sup> Grade

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