



Colonie Christian Life Center
Strive Student Ministries

PERMISSION SLIP

Event:

Event Date:

Participant Name:

Date of Birth:

Address:

I hereby grant permission for my child to participate in the above activity of Colonie Christian Life Center/Strive Student Ministries. I understand that my child participates in these activities at their own risk and that Colonie Christian Life Center/Strive Student Ministries and its adult supervisors are not liable for any injury personal or otherwise to my child or caused by my child. Should any problems arise concerning the behavior of my child that would require them to return home prior to the end of the activity, I will pay for his or her return or come pick my child up.

I recognize that Colonie Christian Life Center/Strive Student Ministries uses photographs and video images of events in our publicity materials such as the church website, newspapers, and newsletters and I hereby grant permission for photo/video images of my child to be taken and used for such purposes.

I authorize the treatment, by a qualified and licensed medical doctor, of the minor listed above in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I/we cannot be reached after reasonable effort has been made to secure my personal consent.

I am responsible for any medical expenses.

Signed:

Date:

(Parent or Legal Guardian)

Printed Name:

Cell Phone:

Email:



Colonie Christian Life Center
Strive Student Ministries

MEDICAL RELEASE FORM

Emergency Contact #1

Name:

Phone:

Relationship to Participant:

Emergency Contact #2

Name:

Phone:

Relationship to Participant:

Medical Insurance

Company:

Policy #:

Primary Care Physician

Name:

Phone:

Address:

Special Medical Conditions (allergies, chronic illnesses, or other conditions):

Current Medications:

Signed:

Date:

(Parent or Legal Guardian)

Printed Name:
