



## Permission Slip for ALL 2020 Church Events

As Parent/Guardian, I consent for \_\_\_\_\_ to attend church sponsored events for 2020. In the event of an accident or emergency involving my child in connection with this trip, I give my permission to the supervising adults to give or to seek whatever First Aid and/or Professional Medical Treatment they deem necessary. I further authorize the supervising adults to make medical decisions for my children until I am able to do so. I agree not to hold Colfax Christian Church and its Pastors, members, and all of the supervising adults of these events from any and all liability associated with these events including but not limited to any and all medical decisions on my behalf by the supervising adults and any and all injuries incurred by my child at these events. This paragraph shall be construed broadly to allow supervising adults to make any and all emergency medical decisions on my behalf until I am able to do so.

Parent/Guardian: \_\_\_\_\_ Parent's Phone Number \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_