

## Bunker Hill Christian Church Permission slip

**Name of Trip:**

**Date of event/trip:**

**Starting time:**

**Ending time:**

**Location:**

**Approximately how many children \_\_\_\_\_ Age of Children \_\_\_\_\_**

Description of what children will be doing or where they will be going

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I, \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_  
born on \_\_\_\_\_, \_\_\_\_\_. I warrant that I possess all the rights, powers, and privileges of a  
parent or legal guardian necessary to execute this document with binding legal effect.

As the parent or legal guardian of \_\_\_\_\_, I certify and affirm that I have  
been completely and thoroughly informed that as a child attending \_\_\_\_\_,  
my child will participate in certain activities which carry with them a degree of risk and danger. I  
acknowledge and understand that Bunker Hill Christian Church youth/children's ministry may offer  
other activities not listed above that present similar risks or dangers to my child. I consent to my child's  
participation in these activities. I acknowledge and understand that this PARENTAL AUTHORIZATION,  
CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in  
are free or if a fee is charged. Further, I personally assume, on my child's behalf, all risk in connection  
with said activities for any harm, injury or damages that may befall my child as a result of my child's  
participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to  
proceed with the activities. In consideration of my child being allowed to participate in these activities  
and to use \_\_\_\_\_, equipment and facilities, on behalf of my child, I hereby  
voluntarily release, forever discharge, and agree to indemnify and hold harmless Bunker Hill Christian  
Church, employees, agents, volunteers, and leadership from any and all claims, demands, or causes of  
action, which are in any way connected with my child's participation in these activities or use of Bunker  
Hill Christian Church, equipment and facilities.

I understand that it is my obligation to inform the church of any and all health considerations or medical  
conditions that would restrict my child's participation in any and all activities while in the care of Bunker  
Hill Christian Church. Should the need for medical attention arise, the church will attempt to contact me  
as soon as practicable under the circumstances.

In cases of emergency, I further consent to the examination or treatment of my child by a physician or  
any health care professional duly licensed to provide health care services in the United States of America.  
I give permission to the doctor or health care professional to provide any and all medical care they

deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I understand that my Youth/Child will be separated by age and gender based on the legal documentation of their birth certificate.

I acknowledge by signing this document, that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against the church on the basis of any claim form which I have released them herein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions remain in full force and effect. I have fully informed myself to the contents of this PARENTAL AUTHORIZATION, CONSENT AND RELEASE by reading it before I signed it.

\_\_\_\_\_  
Signature Printed Name Date

Contact Number in case of an emergency \_\_\_\_\_

### Medical Info

Are there any medical or special needs that BHCC should be aware of to best care for your Child?

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Best way to care for them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### List of medications

1. Name \_\_\_\_\_ Time to be administered: \_\_\_\_\_ Dosage: \_\_\_\_\_
2. Name \_\_\_\_\_ Time to be administered: \_\_\_\_\_ Dosage: \_\_\_\_\_
3. Name \_\_\_\_\_ Time to be administered: \_\_\_\_\_ Dosage: \_\_\_\_\_
4. Name \_\_\_\_\_ Time to be administered: \_\_\_\_\_ Dosage: \_\_\_\_\_

I would also like my child to be administered Ibuprofen, Stomach relief (diarrhea, Nausea, heartburn) and/or Tylenol by an employee or adult volunteer on the trip if necessary.

Yes \_\_\_ No \_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_