

INSTRUCTIONS FOR ON-LINE PERMISSION SLIP**COST OF ACTIVITY**

1. SAVE THIS FILE TO YOUR HARD DRIVE
2. COMPLETE THE FORM BY FILLING IN ALL THE BLANKS
3. MAKE SURE TO CHECK SIGNATURE BOX AND ENTER SIGNATURE
4. SAVE FILE TO YOUR HARD DRIVE AGAIN
5. E-MAIL FILE BACK TO SENDER

FIRST PRESBYTERIAN CHURCH OF ISELIN

Sunday School Trip Permission Slip

(child's name) has my permission to go

(description of activity) at

(location) on/at

(date & time)

In the event my child becomes ill or is injured while under church supervision; I approve the sponsors taking the following steps:

- Contact a parent or guardian of the young person and follow his instructions.
- In the event that neither parent nor guardian can be reached, contact the young persons' physician and follow his/her instructions.
- If the young persons' physician cannot be reached, the sponsors will use their own judgment in contacting a properly licensed practicing physician and following his/her instructions.

In the case my child is involved in an accident and requires treatment, the attending physician has my permission to examine and begin treatment in my absence.

I agree to relieve the church and youth group sponsors from any liability in connection with these activities and instructions.

(family doctor name)

(doctor phone)

(parent/guardian name)

(phone # during this event)

(emergency contact name)

(emergency contact cell #)

(parent/guardian signature)

(today's date)

If submitting this form online, by checking the box and typing your name, you are electronically signing this form and are confirming that you have read the activity details. You hereby give permission to the child named above to participate in said activity.