

ANNUAL PERMISSION
September 1, 20 ____ to August 31, 20____

Complete this form once annually to allow your student to participate in events throughout the year!

Student's Name:		
Address, City Zip		
Home Phone :	Cell Phone:	Other:
Age/DOB		
Student Email:	Parent Email:	
Medical Insurance:	Policy #	Insured's ID#

In case of any emergency, please notify: (you must list 3 emergency contacts with two contact #'s each)

Name	Home Phone/Cell Phone	Relationship to the student

Permission for Trips/Outings

My student has permission to travel to attend and participate in church sponsored activities that are located within one hour's driving time of the church.

Yes No
initialed _____

Permission to participate in Swimming Activities

My student is a competent swimmer and can participate in Swim and Study and activities around water.

Yes No
initialed _____

Permission for Emergency Medical Treatment

In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to a representative from Evergreen Valley Church to seek treatment for my child and/or dependent minor by a licensed physician pursuant to Section - 6910 of the Civil Code of California. I know of no reason(s), other than the information indicated on this form, why my student should not participate in prescribed activities except as noted. I agree not to hold Evergreen Valley Church, its employees or volunteers liable in the event that my child is involved in an accident of any kind resulting in injury or death.

Yes No
initialed _____

Special Accommodations

My student requires the following special accommodations, medications or has the following food allergy and/or medical condition:

Parent Agreement

I have read and understand this Annual Parent Permission form. I may change or revoke any aspect of this agreement at any time by submitting my request in writing to Devin Nelson.

Printed Name of Parent/Guardian Signature of Parent/Guardian Date