



HSM Event Permission Slip

I give permission for my child, \_\_\_\_\_, to participate in \_\_\_\_\_ on \_\_\_\_\_.

I understand that they will be driven in the church bus or vehicles driven by members of the The Haven Church of God. I will not hold The Haven Church of God or its members liable in any way for any injury sustained. I also give my permission for those adults in charge to obtain any medical care they feel is necessary for my child.

Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Please include any pertinent allergy or medical information that relates to your child's health:

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

Parent/Guardian Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Date: \_\_\_\_\_