

# PROMISE CLUB PERMISSION SLIP

I hereby give permission for \_\_\_\_\_ to attend the \_\_\_\_\_ (EVENT). \_\_\_\_\_ will be shuttled to and from First United Presbyterian Church, Moline, IL on \_\_\_\_\_ (DATE AND TIME)

I hereby release and indemnify First United Presbyterian Church, Moline, IL, its staff, and volunteers from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event (and during the events at the amusement park). I understand that my child is responsible for following certain regulations while taking part in this event.

I grant permission for the administration of first aid to \_\_\_\_\_ by the people in charge of the events and those transporting my child to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parents/guardians of the participant. In the event I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary.

*Parent/Guardian Signature* \_\_\_\_\_

*Date* \_\_\_\_\_ *Phone* \_\_\_\_\_

*Authorized Physician* \_\_\_\_\_ *Phone* \_\_\_\_\_

*Allergic to medication?* \_\_\_\_\_ *No* \_\_\_\_\_ *Yes* *What?* \_\_\_\_\_

## **INSURANCE INFORMATION (please give as much info. as possible)**

*Policy in the name of* \_\_\_\_\_

*Insurance Company* \_\_\_\_\_ *Policy #* \_\_\_\_\_

*Identification # and/or Social Security #* \_\_\_\_\_