

PERMISSION SLIP, MEDICAL CONSENT AND GENERAL RELEASE

I, the undersigned parent or guardian, hereby give permission for my child, _____, a minor, to participate in the activities/outings of Terranova church and I have listed any physical impairments that would affect my child's participation. I authorize Terranova Church, its staff members and volunteers, to act for me according to their best judgement in any emergency. The TerraNova staff and volunteers have my permission to secure any medical treatment deemed appropriate and necessary and I will be responsible for payment of medical services rendered. I hereby waive and release Terranova Church, the staff and volunteers from all liabilities for injuries or illnesses incurred during activities/outings. This permission slip is valid during the time that my child is in Flashover 13:35, the junior high youth group of Terranova Church. As such, it expires on June 30, 20____, the summer after my child exits 8th grade.

Signature	Relationship to Child	Date	Phone
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Home address	City & zip code
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Insurance Company	Policy #
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Emergency Contact	Phone #
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Other information/notes (medical limitations, physical impairments, additional phone numbers, etc.):
