

Permission Slip: High School Outing Reds Game Date: 6-10-07
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Please complete the following information and return to the Student Office prior to the activity.

Student Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____ Male Female

Parent/Guardian's Name _____

Contact/Work phone of Parent/Guardian _____

Emergency Contact Person _____

Relationship _____ Phone Number () _____

Permission:

I, _____, the parent/guardian of _____ (student), do give my permission for the above to attend the above activity with _____ on the date(s) of _____. I will not hold the leader or Southeast Christian Church liable. In case of medical emergency, I give my permission for the above to receive any and all needed medical attention as deemed necessary by attending medical personnel. I understand that every effort will be made to contact me in case of emergency.

Signed: _____ (parent/guardian)

Date: _____

Shirt Size: _____

OUT OF TOWN EVENT OR OVERNIGHT

Insurance Information:

Insurance Company _____

Policy listed in name of _____

Identification # _____ Group # _____

Any allergies or reaction to medication? _____