



PERMISSION SLIP

My child _____ has my permission to attend the

_____ on ___/___/___

with Three Rivers Christian School leaving at _____ and returning

at _____. Signed: _____ Date ___/___/___

Parent or Guardian

MEDICAL RELEASE

NAME OF MINOR _____

Please print

I give my permission for my dependant to receive emergency medical treatment a deemed necessary by a certified medical authority. I agree to use my own family medical insurance in the event of necessary treatment. I hold Three Rivers Christian School and their agents harmless for any outcome of above treatments.

PLEASE COMPLETE THE FOLLOWING IF IT APPLIES

ALLERGIES _____

PHYSICAL LIMITATIONS _____

CURRENT MEDICATIONS AND DOSAGE _____

ACTIVITY RESTRICTIONS _____

DATE OF LAST TETANUS SHOT _____

SIGNED: _____

LIABILITY RELEASE

Every activity sponsored by Three Rivers Christian School is carefully planned and adequately supervised by mature adults. However, even with the best planning and precaution, unforeseen events can occur. By signing this form, I as the parent or guardian, agree to assume and accept all risks and hazards inherent in these school related social activities including transporting in a private vehicle to and from the event. I also agree not to hold Three Rivers Christian School, it's employees, or it's volunteers liable for any damages, losses, or injuries to the person or property undersigned. I as the parent or guardian understand and agree with all of these conditions and also understand I am signing for the minor on this form.

Parent or Guardian's signature: _____

Date ___/___/___

Phone #: _____

Emergency Contact Person and Phone #: _____