

Back to School
Lock In
Permission Slip
August 12th 2011

I _____ give permission for _____ to go to the Back to School Youth Lock-In with St. Peter's Episcopal Church on August 12th from 8pm to 8am. I authorize Matt Harbison, or another chaperone from St. Peter's to consent to any and all emergency medical treatment deemed necessary by a physician. I agree to pay for all emergency medical treatment and to hold St. Peter's Episcopal Church harmless there from. I release St. Peter's, their agents, and employees from any and all liability arising out of or resulting from any harm, injury, or damage, which may befall my child, whether seen or unforeseen.

Parents Signature _____
Date _____

Emergency Information

Childs Name: _____

Number I may be reached:

Day _____

Evening _____

Cell _____

Emergency contact

Name/Relationship _____

Number _____

Insurance Provider _____

Policy Number _____