



P A R E N T A L P E R M I S S I O N N O T I C E

Church Office Fax: 713-869-7500

Event Name: **Movie Night – Earth to Echo**

Date of Event: **July 13, 2014**

Child Drop Off Time: 2:30

Child Pick Up Time: 6:00

Cost: \$12

I \_\_\_\_\_ hereby give my permission for the child (whose name is given below) to participate in the above event. I understand that this is an activity in connection with the ministry of the Vineyard Christian Fellowship (VCFH), under the leadership of Wes Edmondson and other youth leaders. I agree that VCFH, its agents, employees, and representatives shall not be liable for any accidents, injuries, or death to the child that might occur while in route or participating in the church event. I agree to hold VCFH harmless from all such claims. I also understand that the supervisor of the church event, or his representatives, may obtain any medical assistance and/or authorize the administration of medications deemed necessary in case of an emergency and where the parent or legal guardian cannot be reached.

Child's Name: \_\_\_\_\_ Grade/Age: \_\_\_\_\_

Address: \_\_\_\_\_

Homes Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent / Legal Guardian Signature: \_\_\_\_\_

Please indicate any medical allergies or reactions we should be aware of in case of an emergency:

\_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Policyholder name: \_\_\_\_\_

Please list any medications used: \_\_\_\_\_

Please return this form to the ministry leader by: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Phone Number: \_\_\_\_\_