

West Hills Community Church

Permission Slip

West Hills Community Church
1650 Brush College Rd. NW
Salem, Or 97304

As the parent/legal guardian, I give permission for _____
to be involved in the overall activities which will be taking place between September 1st 2015
and August 31st 2016.

I/We understand the expectation and agree that my child will abide by all rules of the activities at
West Hills Community Church. I/We also acknowledge that if the subject of the release has to
return home early for discipline violation, it will be at my/our expense.

I/We understand all reasonable safety precautions will be taken at all times by West Hills
Community Church and its agents during all events and activities. I/We authorize the
administering of Over-the-Counter medicines at times the child may request them. I/We authorize
any treatment by an accredited hospital and/or physician deemed necessary for the child of the
release in case of an emergency. I/We agree not to hold West Hills Community Church, its
leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred
by the child of the release.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Student Name

Address

City/State/Zip Code

Emergency Phone Number

Physician's Name

Physician's Phone Number

Health/Medical Insurance Co.

Policy Number

Please list any allergies and/or medical condition your child has at this time. Please also list any
prescription medication he/she may be taking at this time.
