

Permission Slip and Release Form

Dating Conference 2014

(February 7th-8th, 2014)

Name _____

Address _____

Phone _____

Grade _____ Age _____

Parent's Name _____

I, _____, give permission

to _____ to attend

Dating Conference 2014 at Crosspoint Church, Pearland, TX, with the Vineyard Christian Fellowship of Lake Charles, LA from February 7th, 2014 to February 8th, 2014. I understand they may be traveling in 12 passenger vans and other vehicles.

I hereby release Vineyard Christian Fellowship; it's staff and sponsors from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctors office or in any hospital. I expect to be contacted as soon as possible.

Signature of Parent or Guardian Date

Emergency Contact Number Alternate Contact Number

Medical Information

Allergies _____ Medications _____

Handicaps etc _____ Insurance Co. _____

Policy # _____ Member Name _____