

PERMISSION SLIP and RELEASE OF LIABILITY

For Emmanuel Christian School Athletics

Please fill out the permission slip (below) and return it with your student the next time he or she attends school.

The slips MUST be filled out COMPLETELY and IN INK! Without a completed permission slip, we will be unable to allow your student to participate!

STUDENT NAME: _____ DATE: _____
(Please print neatly)

ADDRESS: _____ CITY: _____ ZIP: _____

WAIVER OF LIABILITY:

I give permission for my above-named student to participate in **Emmanuel Christian School's Athletic Program**. I recognize that participation in an event of this nature may involve recreational, athletic, sporting, interaction with other students and adults, or other activities (including, but not limited to: practices, scrimmages, games, overnight tournaments, consumption of snacks/pizza/hot dogs/hamburgers).

These activities may be hazardous or dangerous. I voluntarily elect to participate in the activities and assume the risks of injury or harm that might result from participation. I recognize that such activities may cause injury. Therefore, I am, for my student, myself, my heirs, executor and/or administrator, remising and releasing and forever discharging the Emmanuel Baptist Temple/Emmanuel Christian School of Hagerstown, Maryland and all of its affiliated entities, officers, agents, servants, volunteers, and employees, acting officially or otherwise, from any and all injury to me (or my minor), damage (including property damage to any of my belongings), loss or death which may occur from any cause including, but not limited to, any accident and/or occurrence while participating individually or with others in any or related activities sponsored in whole or in part by the Emmanuel Baptist Temple/Emmanuel Christian School.

I also authorize Emmanuel Baptist Temple/Emmanuel Christian School to transport my child to and from activities that may take place away from Emmanuel Baptist Temple/Emmanuel Christian School and out of the state of Maryland. This release will also cover risks associated with vehicular accidents.

Signature

Date

Printed Name

Relationship to Student

CONSENT TO TREAT:

Being the parent or legal guardian of _____
whose birth date is _____, I _____
do consent to any x-ray, anesthetic, medical, surgical or dental diagnosis or treatment that may
be deemed necessary for my minor child. Further, I understand that all efforts will be made to
contact me prior to treatment. In the event I cannot be reached in an emergency, I give
permission to the activity leader to make the decisions necessary for treatment. Should there be
no activity leader available, I give permission to the attending physician to treat my minor child.
I further understand that the doctors, dentists, and other providers attending to my child will take
all reasonable safety precautions during their care.

Further, as a parent or legal guardian, I am responsible for the healthcare decisions for
my minor child and agree that my insurance plan is the primary plan to pay for the dental,
medical or hospital care or treatment that is given to my child. Any policy of the church or
organization sponsoring this event will be used as the secondary coverage.

PERSONAL HEALTH INSURANCE COMPANY: _____

PHONE# _____ Policy# _____

Names of PARENTS or LEGAL GUARDIANS Phone Signature

Name of ALTERNATE PERSON to contact in case of Emergency Phone

Please list any medical or physical limitations below. Include allergies to medication and food.

Medical and/or physical limitations: _____

Allergies to medicine and/or food: _____
