

**PERMISSION SLIP**

**Poplar Creek Church**

**Matchbox Ministries**

As the parent or legal guardian of \_\_\_\_\_,

I hereby give my permission for him/her to participate in the

\_\_\_\_\_

Date: November 7-8<sup>th</sup>

Location: 1 Convention Center Plaza, Springfield, IL

Time/Place of Departure: 9:30 am at The Matchbox

Time/Place of Return: approx. 11 pm at the Matchbox

I give permission to the leaders of Matchbox Ministries to render first aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injections, or secure other medical treatment as needed. I further agree to hold Matchbox Ministries and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to Poplar Creek policies and guidelines.

In case of emergency I can be reached by:

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

Alternate: (i.e. cell, pager): \_\_\_\_\_

If I cannot be reached, please contact:

Name: \_\_\_\_\_

At (phone): \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or guardian)