

TEEN FUSION ACTIVITY PERMISSION SLIP

MOUNT OLIVE BAPTIST CHURCH

13111 Minnieville Road

Woodbridge, VA 22192

Ph: (703) 494 - 4466

The undersigned parent/legal guardian hereby gives permission to Mount Olive Baptist Church, Woodbridge, VA (MOBC Woodbridge) for my child(ren)

to take part in the following activity: **Teen Fusion Lock-In beginning May 4th at 7 pm until May 5th 12:30 pm.** Should my child require immediate or emergency medical care while engaged in an activity sponsored by MOBC Woodbridge in my absence, I hereby grant MOBC Woodbridge authority to release my child for medical treatment to such medical personnel as the Church determines appropriate under the circumstances.

LIABILITY RELEASE: In consideration of MOBC Woodbridge allowing the Participant to participate in Teen Fusion Lock-In I, the undersigned, do hereby release, forever discharge and agree to hold harmless MOBC Woodbridge its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the Teen Fusion Lock-In activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in Teen Ministry activities during this church event on the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

I grant permission for photographs/videos of my son or daughter to be used in MOBC Woodbridge brochures, movies, commercials and promotional materials. ____ Yes ____ No

PLEASE READ CAREFULLY, THIS PERMISSION SLIP IS A LEGAL DOCUMENT WHICH INCLUDES A RELEASE OF LIABILITY AND INDEMNIFICATION

Date

Signature of Parent or Legal Guardian

Telephone number(s): Home: _____ Mobile: _____

Emergency Contact: _____ Number: _____

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Name: _____

MEDICATION:

List all medications the youth will need to take during the Teen Ministry event. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.**

| Medication Name | Dose | Treatment for | Dispensing instructions |
|-----------------|------|---------------|-------------------------|
|-----------------|------|---------------|-------------------------|

Over-the-Counter Medication Permission: Do you give permission for your child to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

No. Contact me or get medical help if my child has any minor medical concerns.

Parent signature: _____

Yes. I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Parent Signature: _____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):

2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:

3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.
