

**NLCC Youth Ministries Permission Slip**

**2009-2010**

305 E. Pontaluna Rd., Muskegon, Michigan 49444

(231) 798-0103

**I. PERSONAL INFORMATION** *(All information supplied will be kept confidential)*

Student's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN# \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an emergency and the parents cannot be reached please contact:

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

Relationship to the student: \_\_\_\_\_

**II. INSURANCE INFORMATION** *(Please attach copies of front & back of insurance card if possible)*

Policyholder's name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**III. MEDICAL RELEASE**

**To the parent(s) or guardian:**

The undersigned does hereby give permission for the participant named above to attend and participate in activities sponsored by New Life Community Church of Norton Shores, MI.

We (I) authorize an adult, in whose care the minor has been entrusted, to secure any emergency medical or dental care or treatment that may be necessary for my child. I assume all responsibility for costs (such as doctor, hospital, medicine, etc.) that may be incurred.

We (I) give permission for my child to ride in any vehicle designated by the adult in charge while attending and participating in activities sponsored by New Life Community Church. We (I) also understand that I am responsible for all cost of medical treatment should a traffic accident occur during the transportation to or from any activity.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

X \_\_\_\_\_  
Signature of parent(s) or guardian

\_\_\_\_\_  
Date