

ORANGE SEVENTH-DAY ADVENTIST CHURCH

1310 E. Walnut Avenue Orange, CA 92867-7040

Phone: (714) 538-1809

Name: _____

Phone #: _____

Address: _____

Birthday: _____

City: _____

Zip: _____

PARENT PERMISSION SLIP

I GIVE MY PERMISSION FOR _____
TO ATTEND THE ORANGE SEVENTH-DAY ADVENTIST CHILDREN MINISTRIES OUTING.

IN THE CASE OF EMERGENCY, I hereby give my permission to the hospital, physician, or dentist to provide proper care for my child, as named above. This includes the administration of injections, anesthesia, and/or emergency surgery as deemed necessary by my child's condition. I understand that every reasonable attempt will be made to contact me prior to such treatment.

It is required that your children participate in all the activities of this event and follow the instructions of counselors. If your child does not comply, parents will be called and asked to take their child home.

I WILL HOLD HARMLESS THE ORANGE SEVENTH-DAY ADVENTIST CHURCH, ITS EMPLOYEES, VOLUNTEERS OR ITS AGENTS FROM ANY LIABILITY DAMAGE, AGAINST ANY INDEMNITY OR CLAIM FOR DAMAGE FOR PERSONAL INJURIES, OR DEATH. AS WELL AS CLAIMS FOR PROPERTY DAMAGE OCCURRING IN CONNECTION WITH THE PERMITTED TRIP CAUSED BY THE ACTIONS OF THE PERMITTEE OF THE ORANGE SEVENTH-DAY ADVENTIST CHURCH, ITS EMPLOYEES, AND VOLUNTEERS, INsofar AS PERMITTED BY LAW.

Parent's Signature: _____

Date: _____

Emergency Phone #: _____