

Saratoga Federated Church – Student Ministries
“General” Permission Slip – Release of Liability

Please Name Activity: _____

Please Name Date/Time: _____

Leave/Return: Meet at: _____
Return to: _____

Staff Coordinator Name: _____ Phone: 867-1000

Reservations & Payment to: Ministry Assistant: Melinda Chase
Phone: 867-867-3041 FAX: 867-3346

Payments for ALL Events: *Checks written to Saratoga Federated Church*
(Additional CASH may be needed for snacks, etc.)

Items to Bring: **Depends on Event!**

Every student must have a MEDICAL INFORMATION SHEET FILLED OUT AND KEPT ON FILE IN
our Student Ministry OFFICE BEFORE ATTENDANCE AT ANY SFC OFF-SITE ACTIVITY!

(You may keep the upper half of this permission slip for your information)

Please tear off the lower half and bring it to our Student Ministries Office

The corner of Park Place & Los Gatos Saratoga Road

Saratoga Federated Church – Student Ministries
Release of Liability/Permission Slip

Event Name: _____

I/We, the undersigned, parent(s) of: _____, a minor, do hereby authorize **Saratoga Federated Church Staff/Chaperone**,(_____) as their representative), as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable and is to be rendered to said minor, under the general or specific supervision of any physician and surgeon licensed, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care, which the above mentioned physician, in the exercise of his best judgment, may deem advisable to protect the life and health of said minor child.

I assume the risk and financial responsibility DATE: _____, unless sooner revoked in writing and delivered to Saratoga Federated Church.

Date of Signature: _____ Parent Signature: _____

Cell Phone: _____ Home Phone: _____
