

Ono Children's Ministry Permission Slip

Valid June 2019 through June 2020

Child's Name: _____ Date of Birth: _____ Grade: _____

Allergies: _____

Other medical conditions or special needs that we should know about: _____

Address: _____ City: _____ State: _____ ZIP: _____

Parent(s) or Legal Guardian(s) Name(s): _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact Person (other than parent): _____

Relationship to Child: _____ Phone Number: _____

I give permission for my child to be transported in vehicles operated by the adults in whose care the minor has been entrusted while attending and participating in church events.

Permission to Attend: Please indicate if you give permission for your child/children to participate fully in the activities, trips, and events of Ono Church. By doing so, you release and agree to hold harmless Ono Church and the children's ministry team from any and all liability, claims, or demands for personal injury, as well as damage, and expenses of any nature that may be incurred by the parent/guardian and child-participant that occur while the child is participating in children's ministry activities. Yes No

Medical Release: Please indicate if you give permission for the children's ministry staff of Ono Church to administer basic first aid to your child/children in the event of an injury. The children's ministry staff of Ono Church will contact emergency service in the event of a significant injury and you will be responsible for all expenses associated with said emergency services. Yes No

Photo Release: Please indicate if you give permission for your child's photo to be used in church publications including on the internet. Children will not be identified by name. Yes No

Signature of Parent or Legal Guardian: _____ Date: _____

Child's Name: _____ Date of Birth: _____ Grade: _____

Allergies: _____

Other medical conditions or special needs that we should know about: _____

Please list additional children in the same household on reverse side.

Child's Name: _____ Date of Birth: _____ Grade: _____

Allergies: _____

Other medical conditions or special needs that we should know about: _____

Child's Name: _____ Date of Birth: _____ Grade: _____

Allergies: _____

Other medical conditions or special needs that we should know about: _____
