

# Checkrow Community Church

3564 Checkrow Road Avon Il, 61415 (309)465-3078

## Checkrow Student Ministries Annual Permission Slip

### ***Student's Information:***

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Student's Health Insurance Carrier: \_\_\_\_\_

Student's Policy Number: \_\_\_\_\_

Date of Last Tetanus Injection: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Any Special Medical Instructions: \_\_\_\_\_

(If necessary, please attach page with additional detailed explanation)

(Student's Name) \_\_\_\_\_ has the permission of the undersigned to participate in Checkrow Community Church youth events where he/she is driven in a vehicle by someone other than his/her own parent or guardian. This form is effective from June 1 of the current year through May 31 of the following year. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention as deemed necessary. The individual acting in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the participant, or parents/guardians of the participant. Insurance afforded by the Checkrow Community Church is an excess insurance, over any and all valid and collectible insurance coverage available to or for such person, as expressly named above.

I, the Parent/Guardian of the above named student, grant my permission for pictures of him/her to be displayed in youth event publications, in the church bulletin, in CCC video/powerpoint presentations, or on the CCC website.

Please check **HERE** \_\_\_\_\_ if you **DO NOT WANT** your student's photo to appear.

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Family Email: \_\_\_\_\_

**In the event that I/we cannot be reached, an emergency contact is:**

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship with Student: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Signature Required)*

*Original form to be kept on file at:*

Checkrow Community Church – Student Ministries – 3564 Checkrow Rd Avon, Il 61415