

Shoreline Middle School Ministry
Summer Missions Trip 2010
Medical Release/Permission Slip

I give permission for my child to attend the Summer Missions Trip with the Shoreline Middle School Ministry July 5-10, 2010. I give permission for medical attention to be given to my child in the case of injury; including major surgery. I understand that I will be contacted as soon as possible in the case of such an accident. I release Shoreline Community Church and any other parties acting for the church from liability in such a case. I request that the staff carry out any needed discipline; if necessary, I will pay the expense of my child being sent home for an extreme breach of the guidelines.

Parent / Guardian Signature

Date

Student Name: _____

Address: _____

School & Upcoming Grade: _____

Birth Date: ____/____/_____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____

Emergency Contact: _____

Phone Number: (____) ____ - _____

Relation to Student: _____

Health Insurance Co. & Policy Number: _____

Health Conditions / Allergies: _____

Medications (Dosage): _____

T Shirt Size: _____ I would like to share a cabin with: _____

For any questions contact Andrew Manies, Middle School Pastor
655-0100 Ext. 317 or email him at Andrew@ShorelineChurch.Org