



The Church of Our Redeemer (Episcopal)  
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## Permission Slip for Off-Site Event

**Event Name:** \_\_\_\_\_

**Event Date:** \_\_\_\_\_

**Event Location:** \_\_\_\_\_

I, the parent/legal guardian of \_\_\_\_\_ (child's name), hereby grant permission for this young person (a minor) to participate in the event named above as a part of Church of Our Redeemer (Episcopal) programs.

I acknowledge that my child's participation in this event is voluntary and that participation may have some risks associated with it. I assume responsibility for these risks and agree to indemnify, defend, and hold harmless Church of Our Redeemer (Episcopal), its officers, directors, employees, agents, volunteers and assigns for any claim arising out of or incident to my child's participation in the program, unless the claim is caused by the sole negligence or willful misconduct of Church of Our Redeemer (Episcopal).

Signed by Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### **Medical Treatment Permission**

Event leaders will make an effort to contact the undersigned parent/legal guardian prior to rendering emergency medical treatment. Medical treatment will not be withheld if the undersigned cannot be reached.

I, the parent/legal guardian of \_\_\_\_\_ (child's name), hereby authorize and consent to any emergency medical treatment including but not limited to x-ray, examination, anesthetic, or medical or surgical diagnosis, rendered under the general or special supervision of any licensed medical personnel of the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment, or hospital care required. It is give to provide authority and power to render care which is deemed medically necessary in the best judgment of the physician.

Signed by Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Insurance #: \_\_\_\_\_