

PERMISSION SLIP: OPEN BARN

My child, _____, has my permission to participate in OPEN BARN at Briarwood Church. In the event that my child becomes ill or is injured while under the supervision of the Youth Staff, I approve the appropriate authorities taking the following action:

- A. Contact the parent or legal guardian and follow his/her instructions;
- B. In the event of an emergency, when neither parent nor a guardian can be reached immediately, Briarwood Presbyterian Church authorities are authorized to use their best judgement in contacting a physician or other health care provider and to authorize the provision of necessary medical, surgical, or other care.

In consideration of Briarwood Presbyterian Church making available the OPEN BARN, I hereby release and discharge its agents and employees, from all liability of any kind, or nature. I understand that this is a Release and with that knowledge, I voluntarily sign it.

 Parent or legal Guardian Signature _____
 Date _____
 Any allergies? _____

ALL STUDENTS MUST HAVE A SIGNED PERMISSION SLIP IN ORDER TO PARTICIPATE!

Parent(s) Name _____
 Address _____
 City _____
 Zip _____
 Phone _____
 Two Emergency Numbers _____
 Student Grade _____
 Church _____
 Insurance Carrier and Group/ID Number _____

ONLY ONE CHILD PER FORM
IF YOU HAVE ANY QUESTIONS, CALL MEAGAN SNOW @ 776-5269

- Yes, I would like to receive information through MAIL about Briarwood Student ministries
- Yes, I would like to receive information through EMAIL about Briarwood Student ministries

Email Address _____