

PERMISSION SLIP

My child, _____, has my permission to participate in all Super Summer Activities at Briarwood Church. In the event that my child becomes ill or is injured while under the supervision of the Super Summer 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 judgment 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 Super Summer Program (which includes Catechism Day Camp), 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 CHILDREN MUST HAVE A SIGNED PERMISSION SLIP
IN ORDER TO PARTICIPATE!**

Name _____

Address _____

City _____

Zip _____

Phone _____

Emergency

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

Student Grade _____

Church _____

Super Summer also has permission to use my child's likeness in any promotional video or pictures. Please note: We will not publish your child's name with any picture.

Parent Name: _____

Parent Signature: _____