



8810 Jones Rd., Houston, TX 77065 Phone: 832.237.7550

Name

Parents to keep this portion

Activity/Place: _____ Date(s): _____

Leaving from: _____ Time of departure: _____

Returning to: _____ Time of return: _____

Bring: _____

_____ Fee: _____

Dress: _____

Adult in charge: _____ phone (____) _____

Contact adult: _____ phone (____) _____

Return this portion to leader/adult in charge

Name: _____ Age: _____

Activity: _____ Date: _____

My child has my permission to attend the activity listed above. I give my permission to have him/her treated by a licensed physician if necessary. I also agree to be financially responsible for all expenses associated with providing medical care for my child. My signature on this document also allows Jersey Village Church of Christ **to use photographs, voice, and/or video of my child for Public Relations purpose.**

If unable to reach me in case of an emergency or change of plans, please contact one of the following. I will make arrangements with these people prior to the event.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I have provided medication(s) for my child to take with the supervision of the adult in charge. Yes _____ No _____

Medication: _____ Dosage: _____ How Often: _____

Allergies: _____

Signature of Parent/Guardian:

Phone#

Date
