

Bethel Morristown
59 Spring Street
Morristown, NJ 07960

PARENTAL PERMISSION SLIP AND RELEASE FORM

(Please fill out a separate form for each child.)

Parents of _____
Child's name

I hereby grant permission for my child to:

- Use all of the play equipment and participate in all activities at _____.
- Be included in photos/video whether displayed in print and/or presented on the Internet in connection with _____.

I hereby grant permission for the Ministry Leader to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

- Attempt to contact a parent, guardian or emergency contact
- Call 911

Any expenses incurred in securing emergency medical care will be borne by the child(ren)'s family.

EMERGENCY CONTACTS: Please indicate the person(s) authorized to be contacted in case of emergency if neither parent is available.

Name: _____

Name _____

Relationship _____

Relationship _____

Phone _____

Phone _____

MEDICAL INFORMATION: Please indicate any information we should know about your child's allergies, medical concerns, cognitive disabilities, behavioral diagnosis, etc., including if he or she will be carrying epi-pens of inhalers.

Child's Name: _____

Allergy: _____

Disability: _____

Chronic Illness: _____

Other Concern: _____

Parent's Name _____

(Please print)

Parents Signature: _____

Questions? Call the Bethel office at 973-267-8912 or email pastor@bethelmorristown.org