

PERMISSION SLIP

Poplar Creek Church

Matchbox Ministries

As the parent or legal guardian of _____,

I hereby give my permission for him/her to participate in the

Date: August 6th, 2008

Location: Six Flags Great America (542 N Route 21, Gurnee, IL)

Time/Place of Departure: 8:00 am Wednesday at The Matchbox

Time/Place of Return: approx. 12:00 am Thursday at The Matchbox

I give permission to the leaders of Matchbox Ministries to render first aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injections, or secure other medical treatment as needed. I further agree to hold Matchbox Ministries and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to Poplar Creek policies and guidelines.

In case of emergency I can be reached by:

Phone: _____

Alternate: (i.e. cell, pager): _____

If I cannot be reached, please contact:

Name: _____

At (phone): _____

Medical Insurance Company: _____ Policy number: _____

Signed: _____ Date: _____

(Parent or guardian)