

**Permission Slip and Release of Liability
Second Presbyterian Church
600 Pleasant Valley Dr., Little Rock, AR 72227**

Child's Name _____ Email address: _____

Home Address _____ Grade _____

To be filled out by child:

I, _____, am planning on participating in SPY Kids activities at Second Presbyterian Church. With adult leaders and other children from SPC, I agree to be responsible for my behavior, to respect the health and safety of others and myself, to relate to others and to use property and equipment in appropriate ways.

Date _____

Signed _____

To be filled out by parent:

I grant permission for _____ to participate in SPY Kids activities with adult leaders and children of SPC. I expect and hold my child to be responsible for his/her own actions, to be a cooperative member of the group so that these activities can be a wholesome means of fellowship. I have read the statement of responsibility above and have talked or will talk with my child about it. The church and adult leaders are held with no liability for unwise actions on my child's part.

Date _____

Signed _____

(Parent or Guardian Signature)

MEDICAL RELEASE FORM

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the **adult leaders** permission to act in my behalf in seeking emergency treatment for my child, _____ in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary.

Parent/Guardian

Name(s): _____ Signature: _____

Phone#1: _____ Phone#2: _____

If parents are not available, please call relative or person below.

Name & Relationship _____ Phone _____

Any allergies or medical conditions (medication, drug reactions, etc.): _____

Any needed medication? Yes/No _____

INSURANCE INFORMATION:

Name of Insurance: _____ Expiration Date _____

Name of Holder: _____ Contract #: _____

If there is further information about your child that will be helpful to the SPY Kids, please use the remainder of this form. If medical information changes, please request a new form. This form will be valid September 1, 2009 – May 31, 2010.