

Student Ministries  
SINGLE EVENT PERMISSION SLIP

Have Questions??  
Youth Pastor Brian Pollard  
(P) 480-201-2988  
(E) brian@hopechurchchandler.com

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Event Name **Six Flags Magic Mountain Trip** Place **Valencia, CA**

Dates **05 / 02 / 14** through **05 / 04 / 14** Mode of Transportation **VIA Adventures**  
dd mm yy dd mm yy  
**Midnight ~ 7 am**  
**Bus Lines**

*\*This Permission Slip is valid only for the dates indicated above.*

Student's Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Tetanus Injection Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yy dd mm yy

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Special Medical Instructions (please attach separate sheet if necessary) \_\_\_\_\_

An Emergency Call May Be Made To (full name) \_\_\_\_\_

Whose Phone Number Is (including area code) \_\_\_\_\_

(Student's Name) \_\_\_\_\_ has the permission of the undersigned to participate in the activity indicated above. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or adult chaperones have permission to administer first aid and or/transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. The individual action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant. Insurance afforded by Hope Covenant Church of Chandler is an excess insurance, over any all valid and collectible insurance coverage available to or for such person, as expressly named above.

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yy

Parent/ Guardian's E-mail Address \_\_\_\_\_

**Hope Covenant Church Youth Ministries**

1770 S. Dobson Rd.

Chandler, AZ 85286

(P) 480-899-7255

hopechurchchandler.com