



## EVENT PERMISSION SLIP

Use this generic event slip for any EBIC Youth Event. Event details (right) **MUST** be filled in for Permission Slip to be accepted.

### For your reference

- EVENT \_\_\_\_\_
- DATE \_\_\_\_\_
- TIME \_\_\_\_\_

Details for most EBIC Youth Senior High events can be found on our website:

**SR. HIGH:** [etownbic.org/srhighevents](http://etownbic.org/srhighevents)

**JR. HIGH:** [etownbic.org/jrhighevents](http://etownbic.org/jrhighevents)



## EVENT PERMISSION SLIP

\_\_\_\_\_  
*Event Name (required)*

\_\_\_\_\_  
*Event Date (required)*

### EVENT PERMISSION & MEDICAL RELEASE

I give permission for my child, \_\_\_\_\_, to attend this event. In the event of an emergency, I give the event coordinator or designee my permission to secure proper medical treatment as required including medication, injections, and surgery. I assert that all information given on my child's EIR Form is correct to the best of my knowledge. I will not hold liable Elizabethtown BIC Church, its staff (paid or volunteer), or their families for injuries suffered by my child.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Emergency Phone # for this event*

- I request that all efforts be made to contact me as soon as possible if extensive medical treatment is required.