



Permission Slip

Name of Student (Please Print): _____

I, Parent/ Guardian of the above named student, give my permission to attend the following Restore activity:

To:
When:
Time:

By signing this permission form, I hereby hold harmless Restore Ministries, and Second Presbyterian Church, their trustees, offices, volunteers, and staff, from any injury incurred by my child in conjunction with this trip. Also, I grant Restore during this trip to authorize emergency medical assistance for my child.

Please provide the following required* information:

Parent/ Guardian's Name: _____
Address: _____ Home Phone #: _____
Work #: _____ Cell#: _____ Emergency #: _____
Insurance Carrier: _____ Policy #: _____
Name of the insured on this policy: _____
Insurance carrier's Phone number: _____

**Parent/ Guardian's Signature: _____ Date: _____

I, give consent to allow photographs or videotapes of my child to be taken and/ or interviews with him to be conducted, published/ or otherwise used to illustrate, promote, and advertise **Restore Ministries Inc.**

Parent/Guardian's Signature: _____ Date: _____