

IMPORTANT: This is a general permission slip. Please fill out the information and turn in to Pastor Lana or another eMerge leader. Only one form per family is needed.

Elevation Church
2605 S. Oneida St.
Green Bay, WI 54304

Today's Date: _____

Student(s) Name(s) and Grade:

Parent Name and Contact #: _____

Address: _____

Secondary Emergency Contact: _____

Relationship to Student: _____

Contact Phone #: _____

Name of Physician: _____

Health Insurance Company: _____

Any allergies or other medical conditions that we need to be aware of? Please list.

STATEMENT OF CONSENT: *“By signing this form, I am giving permission for the student/students mentioned above to participate in eMerge events sponsored by Elevation Church. In the case of medical emergency, I give the director of this event permission to choose a licensed physician to perform any necessary or recommended treatment. I will assume liability for any expense not covered by my insurance.”*

Signature of Parent/Guardian: _____

STATEMENT OF CONSENT: *“By signing this form, I give permission for eMerge leaders to drive my student when necessary for eMerge related events”*

Signature of Parent/Guardian: _____