

MISSION TO VIRGINIA

The Church That Helps People.

YOUTH PERMISSION SLIP

I give my child, _____, permission to participate in the MISSION TO VIRGINIA event with _____ Church on _____. I understand that he/she will be entering homes of elderly and/or handicapped people who may not be members of our church in order to clean their homes and yard and do repair work around their houses. This event is being done on a voluntary basis. In the event that he/she is injured while participating, I do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under general or special supervision of any licensed staff member under the provisions of the Medicine Practice Act. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment, may deem advisable. It is understood that every effort shall be made to contact me, the undersigned, prior to rendering treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the provisions of the Civil Code of Virginia. I understand the nature of this event and do hereby release the above mentioned church, or any of its representatives, from any liability for accidents or injury sustained by my child in conjunction with this event. This also includes the transportation of my child to and from the assigned work location.

Signature of parent or legal guardian _____

Date: _____ Emergency Contact #s: _____