West Hills Community Church / Rooted Youth Group
Permission Slip

West Hills Community Church
1650 Brush College Rd. NW, Salem, Or 97304

As the parent/legal guardian, I give permission for my child, _____ to be involved in the overall activities which will be taking place between September 1st 2024 and August 31st 2025.

I/We understand the expectation and agree that my child will abide by all rules of the activities at West Hills Community Church / Rooted Youth Group. I/We also acknowledge that if the subject of the release has to return home early for discipline violation, it will be at my/our expense.

I/We understand all reasonable safety precautions will be taken at all times by West Hills Community Church / Rooted Youth Group and its agents during all events and activities. I/We authorize the administering of Over-the-Counter medicines at times the child my request them. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the child of the release in case of an emergency. I/We agree not to hold West Hills Community Church / Rooted Youth Group, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the child of the release.

Parent/Guardian Name (Please Print) _____
Parent/Guardian Signature _____
Student Name _____
Address _____
City/State/Zip Code _____
Emergency Phone Number _____

Physician's Name _____
Physician's Phone Number _____
Health/Medical Insurance Co. _____
Policy Number _____

Please list any allergies and/or medical condition your child has at this time. Please also list any prescription medication he/she may be taking at this time.

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