



## P A R E N T A L   P E R M I S S I O N   N O T I C E

The Vineyard Church of Houston  
1035 E. 11th  
Houston, TX 77009  
713-869-9070 Church Office  
713-869-7500 Fax

Event Name: **DTS**  
Date of Event: June 21- 24, 2017  
Cost: \$175 Make checks payable to the Houston Vineyard  
Child Drop off Time: 3:pm @ The Vineyard Church  
Pick up Time: 5:30:pm Saturday 24th @ Kid's church parking lot

I \_\_\_\_\_ hereby give my permission for the child (whose name is given below) to participate in the above event. I understand that this is an activity in connection with the ministry of the Vineyard Christian Fellowship (VCFH), under the leadership of Wes Edmondson and other youth leaders. I agree that VCFH, its agents, employees, and representatives shall not be liable for any accidents, injuries, or death to the child that might occur while in route or participating in the church event. I agree to hold VCFH harmless from all such claims. I also understand that the supervisor of the church event, or his representatives, may obtain any medical assistance and/or authorize the administration of medications deemed necessary in case of an emergency and where the parent or legal guardian cannot be reached.

Child's Name: \_\_\_\_\_ Grade/Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Homes Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent / Legal Guardian Signature: \_\_\_\_\_

Please indicate any medical allergies or reactions we should be aware of in case of an emergency:

\_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Policy holder name: \_\_\_\_\_

Please list any medications used: \_\_\_\_\_

Please return this form to the ministry leader by: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Phone Number: \_\_\_\_\_