



Church of HOUSTON

www.houstonvineyard.org
1035 E. 11th Street / Houston TX 77009 / 713-869-9070

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: _____