

**General Permission Slip for Church of the Harvest 2011
(Covers the State of Alabama, Georgia, and Florida)**

I give my permission for my child/ward _____ to attend Church of the Harvest (COTH) sponsored events, outings and field trips during the course of the 2011 church year, from this date until December 31, 2011.

I hereby give my complete and explicit permission for the child identified above to attend ALL events and field trips, even in the instance where a specific field trip permission form has NOT been returned to COTH with my signature. I understand that as a general practice COTH will notify me in advance of any such events and field trips through e-mail, or the bulletin, or through a notice given to this child to be conveyed to me.

I understand that COTH will not be held liable for any bodily injury and or fatality incurred during any trip, event or other COTH activity and hereby indemnify and relieve them of any such liability. I authorize the Staff or chaperones of COTH (paid or volunteer) to take any reasonable action designed to help ensure the safety, health and welfare of my child/ward, and absolve the staff of any liability relating to such actions.

Medical Authorization for 2011

I hereby authorize the Staff or chaperones of COTH (paid or volunteer) to take any reasonable action to obtain emergency medical care for the identified child, and absolve them of any liability for such action. I hereby authorize any emergency medical, surgical, diagnostic and hospital care, treatment, or procedures deemed immediately necessary or advisable by emergency medical technicians, a physician, or a hospital to safeguard my child/ward's health when I cannot be easily contacted. I also agree to be responsible for any medical expenses not covered by my insurance.

My child has the following allergies, dietary restrictions, or medical conditions:

_____ Medications _____

In case of emergency, I can be reached at (____) ____ - _____
or (____) ____ - _____

I understand and agree that I may revoke this General Permission and Medical Authorization at anytime by delivering a written revocation to Church of the Harvest, ATTN: Office Manager. A copy of this Permission slip will remain on file in the office at all times at COTH.

Parent/Guardian Signature _____ Date ____/____/____