

GEBC Permission Slip

NOTE: Attach a copy of your
Medical Insurance Card

Student Name

Student grade & age

Student address

Student home phone

Parents' Names

Parents' cell phone #'s

Other contact in case of emergency

Other contact person's phone #'s

Student's Medical needs (allergies, asthma, etc.)

Family Physician name and phone #

Date of Last Tetanus Shot



I, _____
as parent or guardian of

give my permission for him/her to
participate in all activities of the
SUMMIT Summer Mission Trip 2008.

Furthermore, I agree to hold neither
Glen Ellyn Bible Church nor any of
their paid or volunteer staff members
liable for accident or injury incurred
during the SUMMIT Summer Mission
Trip in La Paz, Mexico .

I also give my permission for the paid
and/or volunteer staff of Glen Ellyn
Bible Church to provide all medical
treatment deemed necessary during
the SUMMIT Summer Mission Trip .

I further agree to assume
responsibility for the costs of any and
all medical treatment administered.

Parent's Signature/Date