

**Parental Permission Slip**

**Return this completed permission slip to the event**

Name Of Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ M/F \_\_\_\_\_  
Email \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
City/Zip \_\_\_\_\_ Other Phone \_\_\_\_\_  
School \_\_\_\_\_ Church \_\_\_\_\_ Emergency Contact \_\_\_\_\_  
Phone Number \_\_\_\_\_ Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
If HMO: Primary Care Physician \_\_\_\_\_ Date of last Tetanus Immunization \_\_\_\_\_  
Allergies or other Medical Information: \_\_\_\_\_

The child above has my consent to attend the 3rd through 5th Grade Party, sponsored by Eastside Christian Church. In the event of a medical or dental emergency I authorize a representative of Eastside Christian Church, pursuant to the provisions of California Family code 6910, to consent to medical or dental care, or both, for the above child. I also agree not to hold Eastside Christian Church and/or it's agents or employees liable for damages, losses, or injuries to the person(s) or property undersigned. I give my permission for my child to receive over-the-counter medicines (such as Tylenol, Pepto-Bismol, cough medicines) when needed. Yes \_\_\_\_\_ No \_\_\_\_\_  
I also give permission to photograph and videotape my child for future promotional materials, including ECC website postings, without expectation of compensation.

Signature of Parent/Legal \_\_\_\_\_  
Custodian \_\_\_\_\_ Date \_\_\_\_\_

CALIFORNIA FAMILY CODE 6910: The parent, guardian, or caregiver of a minor who is a relative of the minor and who may authorize medical care and dental care under section 6550, may authorize in writing an adult into whose care a minor has been entrusted to consent to medical care or dental care, or both, for the minor.

Eastside Christian Church  Children's Ministries  3370 East Miraloma ave Suite 101 Anahiem 92806  [714-871-6844](tel:714-871-6844)