

**Clubhouse Permission Slip -2008-2009**

Child's Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

Phone(Home, Cell, and Work if possible): \_\_\_\_\_

Address: \_\_\_\_\_

\*You must be home while your child is at Clubhouse in case he/she becomes sick during Clubhouse and needs to come home early. They could also need to come home early due to unacceptable behavior. The **emergency contacts below** will be used if you can not be reached.

Person 1: \_\_\_\_\_

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

Address: \_\_\_\_\_

Person 2: \_\_\_\_\_

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

Address: \_\_\_\_\_

Does your child have any **allergies to food or medication, special medication conditions**, or any other information that we need to know about? Please list below:

\_\_\_\_\_

As a parent/guardian, I do hereby authorize the treatment of named minor, by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

I, \_\_\_\_\_, give permission for my child/children,

\_\_\_\_\_, to attend Clubhouse at Oxford Bible Fellowship. I give Clubhouse volunteers permission to transport my child/children to and from Clubhouse in vans and/or cars.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

yes / no -- I give permission for my child's photo to be used for publications, websites, and other material that Clubhouse produces.