

Event: _____ Location: _____

Date: _____ Times: _____

The Student
Ministry @
Union Chapel

LIST ON BACK ANY changes to medical information, including contact info, phone numbers, policy numbers, etc.
Also list any activities they should not take part in.

Important Info:

BY SIGNING BELOW, I GIVE MY FULL PERMISSION FOR MY SON/DAUGHTER TO ATTEND THE EVENT LISTED ABOVE. As a parent (guardian), I understand that my child will be under the supervision of the adult sponsors of Union Chapel Missionary Church. By signing this form, I hereby give consent to the administration of medical treatment, which may be necessary in the opinion of a licensed physician due to any accident resulting in injury or illness requiring such treatment during the course of this trip (including transportation to and from). I release Union Chapel Missionary Church and its adult sponsors from any & all liability. I understand that every effort will be made to contact me immediately.

Student Name: _____

Student Signature: _____

Parent Name: _____

Parent Signature: _____

Date: _____ Phone: _____

Oasis Expectations:

- Be respectful of others
- Have a Christ-like attitude
- Leave your Ipod/games at home
- No Public Display of Affection—
hand holding is enough
- Limited cell phone use during trips
and not at all during Oasis or SS
- Be part of the group

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