



**Log Church  
Christian School**  
209 S 4th St • Brewster, WA 98812

# PE Annual Permission Slip

August 20, 2018 - June 6, 2019

Student Name _____	Teacher Name _____	Date of Birth _____	
Address _____	City _____	State - Zip _____	
Home Phone _____	Cell Phone _____	Grade (Fall 2018) _____	Age (Fall 2018) _____

**Permission for PE Class**     Yes     No    Initials \_\_\_\_\_

I hereby give approval for the participation of my child/children in any and all affiliated PE activities for the duration of the time listed above and I assume all risks and hazards incident to such participation, including transportation to and from such activities. I waive, release, absolve, indemnify, and agree to hold harmless the school at the Community Log Church, and all affiliated associations, ministers, organizers, supervisors, officers, or parents supervising or transporting participants to or from any activities from any claims arising out of injury to my child.

**Permission for Emergency Medical Treatment**     Yes     No    Initials \_\_\_\_\_

I, \_\_\_\_\_ (Parent or Guardian's Name) hereby give permission for any and all medical attention to be administered to my child/children \_\_\_\_\_ in the event of accident, injury, or sickness etc., under the direction of the Log Church Christian School, until such a time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one school year from the date given above. If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.

**Emergency Contact:**

Name \_\_\_\_\_ Telephone (s) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone (s) \_\_\_\_\_ Relationship \_\_\_\_\_

Printed name of parent/guardian \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_