

# THE MIX PERMISSION FORM

## GUEST PERMISSION FORM

(To be filled out by the parent or guardian of the guest)

Full name of guest \_\_\_\_\_

In case of emergency, I (*parent*) can be reached at the following phone number \_\_\_\_\_.

In the event of illness or accident, if I cannot be reached, I authorize the church, or its agents, to consent to diagnosis, examination, treatment, or hospital care for my child which is deemed necessary by and is rendered under the supervision of a physician. I release the church and its agents from responsibility in the case of an accident or illness in connection with any authorized church activities.

\_\_\_\_\_ (*child*) has the following allergies or medical condition that the LOGOS leaders should know about.

\_\_\_\_\_ (*child*) has my permission to attend The MIX with \_\_\_\_\_ and \_\_\_\_\_ may be picked up from the church by \_\_\_\_\_ (*name of MIX family*).

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent