

The Chapel in Marlboro  
**PARENTAL PERMISSION SLIP**

*To be completed for each planned event/activity*

EVENT/ACTIVITY	
NAME OF CHILD (PLEASE PRINT)	NAME OF PARENT(S)/GUARDIAN (PLEASE PRINT)

I/We the undersigned do hereby give consent for our youth to participate in the above event sponsored/conducted by The Chapel in Marlboro.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**Please complete Part I or II (not both), and Part III below if you have NOT completed a Chapel in Marlboro "Youth Health Record" AND "Emergency Transportation/Consent to Treatment Authorization":**

**PART I: GRANT PERMISSION**

I give The Chapel my permission to transport my child \_\_\_\_\_, or authorize my child to be transported, to any physician, dentist, surgeon, hospital, clinic or similar facility, in the event emergency medical or dental treatment appears reasonably necessary. Accordingly, The Chapel may consent to emergency treatment for my child in the event such treatment is deemed advisable by and/or rendered by a licensed physician, surgeon or dentist. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being necessary, but it is given to provide my express authority to The Chapel to give specific consent to any and all treatment and care that a provider may deem advisable in his/her professional judgment. (This permission authorizes The Chapel in Marlboro and/or its agents [hereafter "The Chapel"] to secure emergency transportation for a child. It also evidences my authorization for The Chapel to be able to consent to emergency medical or dental treatment for my child. *This form does not guarantee treatment upon arrival at the designated treatment facility, as each facility sets their own treatment procedures.*)

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**PART II: REFUSAL TO GRANT PERMISSION**

I do not give permission to The Chapel to transport my child \_\_\_\_\_, or to have my child transported for emergency medical or dental care. Moreover, I do not authorize The Chapel to consent to medical or dental treatment for my child, even if that treatment appears to be reasonably necessary. I understand and acknowledge that The Chapel shall not be held liable in the event emergency or medical treatment is not provided to my child as a result of my refusal to grant this permission. In the event my child does reasonably appear to need emergency medical or dental treatment, I wish the following action to be taken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**PART III:** Please advise The Chapel in Marlboro of any allergies, medical conditions, dietary restrictions, chronic physical problems, or other history which may be considered pertinent in the event of a medical emergency.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE