

Canvas Church

201 N B Street
PO Box 1114
Lenoir City, TN 37771
(865) 599-0025
info@mycanvaschurch.com

**Canvas Church Annual Permission Form**

Parents are responsible for ensuring that Canvas Church has the most current information regarding their son or daughter.

A new Annual Permission Form is required if, at any time, there are any changes to the following:

Health Insurance Carrier
Policy Number
Date of Last Tetanus Injection
Current Medications
Special Medical Instructions
Emergency Contacts

This document will be kept on file and used in the event of a problem or emergency for your son or daughter while they attend and participate in our events/activities.

Send to:

Canvas Church
C/O UpRising Student Ministries
P. O. Box 1114
Lenoir City, TN 37771

Or Email to:

info@mycanvaschurch.com

Or turn in to any youth leader.

UpRising Student Ministries



ANNUAL PERMISSION SLIP FORM 2016
For Canvas Church Sponsored Student Events

Student's Name _____ Grade _____

Events: Canvas Church Sponsored Events Place: Various

Dates: 01/01/2017 through 01/17/2018 Mode of Transportation: Church Bus and Volunteer Vehicles

*This Permission Slip is valid only for the dates indicated above.

Student's Health Insurance Carrier _____ Policy Number _____

Birth Date ____/____/____ Last Tetanus Injection Date ____/____/____

Current Medications _____

Allergies _____

Special Medical Instructions (please attach separate sheet if necessary)

Emergency Call May Be Made To (full name) _____

Whose Phone Number Is (including area code) _____

(Student's Name) _____ has the permission of the undersigned to participate in the activities indicated above. This form is effective from January 01, 2017 through January 17, 2018. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. The individual action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant.

Signature of Parent/ Guardian _____ Date ____/____/____

Parent/ Guardian's E-mail Address _____ Phone #: _____