



# First Covenant Church

400 E. Pike St. Seattle, WA 99251

(206) 322-7411

[sfcc@seattlefirstcovenant.org](mailto:sfcc@seattlefirstcovenant.org)

## PERMISSION TO TRAVEL WITH FIRST COVENANT CHURCH

Dates: \_\_\_\_\_

To: \_\_\_\_\_ From: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*In the event of an emergency, I give First Covenant Church permission to act on my behalf in seeking emergency treatment for my child if deemed necessary. I give permission to those administering emergency treatment to do so. I absolve First Covenant Church from liability in acting on my behalf in this regard.*

Parent/Guardian Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_