



## Permission Slip/COVID-19 Waiver

### For All 2021 LifePoint Kids & Nursery Activities

I give my authority and consent for my children to participate in any activity, starting January 1, 2021, in which LifePoint Kids or the Nursery, both ministries of LifePoint Church, is sponsoring or putting on. I understand the nature of all LifePoint Kids and Nursery Weekend Services, as well as the safety procedures in place, and do hereby release LifePoint Church, its staff and representatives, and any other entities, their staff and representatives that are involved for any particular event, from any liability for COVID-19 related issues sustained by my child(ren) in conjunction with any LifePoint Kids or Nursery Event.

- I have read and understand the LifePoint Kids Weekend Services and/or Nursery Reopening Plan. I understand my children will be expected to follow all rules and regulations for any activity.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Family Information

Address: \_\_\_\_\_  
House/Apt. # Street City/Town Zip

Parent/Guardian 1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Child Information

**PLEASE LIST any special physical problems (allergies, injuries, etc.), and medications taken on a regular basis and amounts for each student.** Please use additional paper as necessary.

Child 1 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Special Concerns and Medications: \_\_\_\_\_

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Child 2 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Special Concerns and Medications: \_\_\_\_\_

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Child 3 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Special Concerns and Medications: \_\_\_\_\_

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Child 4 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Special Concerns and Medications: \_\_\_\_\_

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