

**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 2015  
For Canvas Church Sponsored Student Events

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Events: Canvas Church Sponsored Events Place: Various

Dates: 01/01/2015 through 01/16/2016 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, 2015 through January 16, 2016. 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 #: \_\_\_\_\_