



# OMAHA CHRISTIAN ACADEMY

5612 "L" Street  
OMAHA, NEBRASKA 68117  
(402) 399-9565 / FAX (402) 399-0248

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## MESSY MISSIONARIES PERMISSION SLIP

Event: Messy Missionaries

Date: Saturday, March 10

Time: 2:00-4:00 p.m.

Transportation provided by: Parent Volunteers

I give permission for my student to participate in the following event:

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

Grade \_\_\_\_\_

Yes, my student has permission to participate in Messy Missionaries.

Yes, I can drive. I have \_\_\_\_\_ number of seat belts for students..

No, I cannot drive.

Emergency Information: Home phone \_\_\_\_\_ work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Knowing that the adult sponsors will take utmost care of my student's safety, I understand that accidents may occur, and in such situations immediate steps must be taken to secure my student's health. I hereby authorize the staff of Omaha Christian Academy to seek medical attention for my student should an emergency arise, provided that I will be contacted as soon as possible. Failure to reach me shall not prevent the application of immediate, necessary medical treatment, not excluding injection, anesthesia, or surgery.

I further agree that Omaha Christian Academy shall be held harmless in the event of accident or injury, and in that regard, I understand and agree Omaha Christian Academy disclaims any and all liability in the unlikely event of injuries sustained in connection with this event.

\_\_\_\_\_  
Parent/Guardian Signature

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