

FIRST BAPTIST CHURCH PERMISSION SLIP

Name: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Address: _____

The person named above has an unusual medical need as stated below:

EVENT DATE: _____

ACTIVITY: _____

DESTINATION: _____

PARENT/GUARDIAN'S
INITIAL: _____

PLEASE INITIAL THE FOLLOWING:

___ I/we the undersigned do hereby give permission to First Baptist Church of Hamilton and its representatives to obtain any necessary medical treatment for the person named above during the conduct of any program, ministry, or activity sponsored by First Baptist Church of Hamilton.

___ I/we will allow the person named above to ride in the church van or rented vehicle during church sponsored events.

___ I/we have read and understand the activity rules listed here:

ACTIVITY RULES

- 1.) My child is expected to respect and obey all instructions given by adult sponsors.
- 2.) All event participants are expected to demonstrate behavior appropriate for representatives of our church and our Lord.
- 3.) In cases of severe disobedience or improper behavior, I may be asked to pick my child up before the event ends. I agree to comply with such a request.

Signature of parent(s) or legal guardian(s) _____ Date _____