

# First Baptist Church of Delta Junction Youth Group Permission Slip

Parent Half

*Please keep this half for future reference*

Where: \_\_\_\_\_

When: \_\_\_\_\_

Arrive Time: \_\_\_\_\_

Depart Time: \_\_\_\_\_

What to Bring: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

*Detach this portion and Turn-in to Sponsoring Adult or Chaperone.*

*Your minor child can not attend unless we have this with the group during the event.*

I \_\_\_\_\_ give permission for \_\_\_\_\_ to attend

*Please Print:* the \_\_\_\_\_ activity on \_\_\_\_\_ with First Baptist Church of

Delta Junction Youth Group. I hereby release the First Baptist Church of Delta Junction from

responsibility and liability for any illness or injury that my child may sustain during this activity.

In the event of an emergency, I hereby authorize an adult leader of this activity as an agent for me,

to consent to any x-ray examination, medical, dental, or surgical diagnosis, treatment, and

hospital care advised and practice under the laws of the state where services are rendered, either

at a doctor's office or in any hospital. I expect to be contacted as soon as possible. *(any additional information can be written on the back of this half of the form)*

\_\_\_\_\_  
*Parent Signature*

Emergency Phone  
Numbers: 1. \_\_\_\_\_  
2. \_\_\_\_\_

3. \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

*(held by Adult during event)*

Physical Handicaps: \_\_\_\_\_

Medical Info: \_\_\_\_\_

Medical Ins. Co. \_\_\_\_\_

Name on Policy \_\_\_\_\_