

# Single-Event Permission Slip

Name of Event: \_\_\_\_\_

To attend this event please fill in the form below and hand it to your leader at the beginning of the event. Without a permission slip you cannot attend.

*ANY FURTHER DETAILS HERE*

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## Permission Slip

Name of Student: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Contact Tel: \_\_\_\_\_

Any Allergies/Disabilities?

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I give permission for my son/daughter to attend

I, the undersigned parent(s) or guardian(s), hereby consent to my child participating in the activities connected with the activity sponsored by First Baptist Church.

Any Medication should be handed into the main leader and it will be supplied when needed, if the medication needs to be carried by your son/daughter this must be agreed upon. All information will be kept confidential; we cannot accept responsibility for any information not declared.

In case neither contact person can be reached in an emergency, I give permission to the physician selected by the adult leadership to hospitalize, X-Ray, treat, order injections, anesthesia and/or surgery for my son/daughter.

Parent Signature: \_\_\_\_\_ Parent Name: \_\_\_\_\_

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