ACTIVITY:_____ DATE OF ACTIVITY: _____

PERMISSION SLIP

PARTICIPANT'S NAME: _____ _____

AGE: _____ BIRTH DATE: _____

PARTICIPANT'S PARENT'S/GUARDIAN'S NAME: _____ _____

ADDRESS: _____ PHONE: ( ) _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMERGENCY NAME AND PHONE NUMBER IF DIFFERENT FROM ABOVE:

_____

Name Phone Number

TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for our child, _____, to attend and participate in activities of Sacramento Association of Southern Baptist Churches.

We authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to our minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act and on the medical staff of a licensed hospital, whether such emergency care and diagnosis or treatment is rendered at the office of said physician or at a hospital, and is deemed to be medically necessary.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such emergency, medical or dental, services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall provide such transportation, or assume all such transportation costs.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Sacramento Association of Southern Baptist Churches.

Medical Insurance _____ yes _____ no Insurance Company: _____

Policy Number: _____

_____ _____

Parent Date Legal Guardian Date