

Lock-In Permission Slip

(Needed for each student)

___ I give permission for my daughter/son _____ to attend the First Baptist Church Gordonsville Youth Group Lock-in / Insanity of God Movie on Friday, Dec.7, 2018, 6 pm until Saturday, Dec. 8, 8 am. **Parents: Please pick your child up promptly at 8 a.m.! Chaperones will be tired and want to get home!**

___ I understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff or sponsor to secure the services of a licensed physician or other health care provider to provide the care necessary, including anesthesia, for my child's well-being.

___ I, the parent or guardian of _____, hereby release First Baptist Church Gordonsville; the staff, and the adult volunteers, of the responsibility of possible injury, accident, sickness, etc. that might occur during the lock-in. We understand that the organizers are taking all reasonable precautions to make this a safe and enjoyable lock-in.

Parent or Guardian Signature

Date

Phone #:

Health Insurance Company (If applicable):

Policy Number (If applicable):

Medical / Allergy Information (If applicable):

Deadline to register is Dec. 5, 2018.

All students including friends of students must have a permission and rules slip signed by a parent/guardian or they will not be allowed to participate.