First Baptist Church Youth Group

Permission Slip

As their parent or guardian I give permission for my child to attend the First Baptist Church

Event to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand the Youth Leadership Team will not be held responsible for any injuries or illnesses that my child sustains during the activities. I understand the information provided on the “First Baptist Church – Winslow, YOUTH ACTIVITY PERMISSION FORM” is current and can be used in the care of my child.

Name of Child

Parent/Guardian Name

Parent/Guardian Signature

Emergency Phone Number