

**Harp's Crossing Baptist Church  
Permission Slip/Medical Release Form**

My child has my permission to attend the church activity noted below:

**Activity: FAYETTE FUN BOWL**

**Sponsored by: Summer Children's Ministry Interns Bethany Gray and Katie Bennaman**

**Who's Invited: Turning 3 – Entering 7<sup>th</sup>** (Parent must remain with children age 4 and younger)

**Date: TUESDAY, July 1<sup>ST</sup>, 2014**

**Time: 10:00 AM – 12:00 PM**

**Details: Meet at Fayette Fun Bowl at 9:45 AM**

**Cost: \$10**

**Deadline to Sign Up: Sunday, June 22<sup>nd</sup>**

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ \* AGE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMERGENCY # \_\_\_\_\_

I give the chaperones of Harp's Crossing Baptist Church permission to order injections, medication and physicians for my child in case of an emergency - in the event I can not be contacted. My child has the following medical problems you should know about if medical treatment should be necessary (allergies, medication he/she cannot take, etc.).

\_\_\_\_\_  
\_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

I RELEASE THE CHURCH FROM ANY LIABILITY IN CASE OF AN ACCIDENT WHILE ON THIS TRIP.

**I give permission for my child to be photographed and to use the pictures to promote our church and children's ministry. Write NO if not true. \_\_\_\_\_**

**\*IN ACCORDANCE WITH CHURCH POLICY, CHILDREN MUST BE NINE (9) YEARS OF AGE AND ABOVE TO BE TRANSPORTED IN A CHURCH OWNED VEHICLE. PARENTS/GUARDIANS OF CHILDREN EIGHT (8) YEARS OF AGE AND UNDER WILL BE RESPONSIBLE FOR TRANSPORTATION OF THEIR CHILDREN TO CHURCH RELATED ACTIVITES.**

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_