

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

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

Activity: FIELD DAY

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

Who's Invited: Entering 1ST – Entering 4th

Date: TUESDAY, July 8, 2014

Time: 9:30 AM – 11:30 AM

Details: Meet us the Kids Crossing Room

Cost: FREE

Deadline to Sign Up: Sunday, July 6th, 2014

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 _____