



TRIP PERMISSION SLIP

NAME _____ PHONE NUMBER(S) _____

ADDRESS _____ CITY & ZIP _____

DOB _____ GRADE/YEAR _____ NEW FRIEND INVITED BY _____

I, _____ (Relationship) _____

hereby give my permission for the above-named child to join the youth of First Baptist Church, St. Peters, MO, to participate in the Summer Events listed above.

I hereby release First Baptist Church, St. Peters, MO, its staff and sponsors from responsibility and liability for any injury, illness, accident, or loss of property that may occur during this trip or as a result of this trip.

In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at the doctor's office or in any hospital. I expect to be contacted as soon as possible.

SIGNATURE OF NATURAL PARENT OR LEGAL GUARDIAN _____

DATE _____ EMERGENCY PHONE NUMBER(S) _____

ALLERGIES (FOOD OR MEDICATION) _____

MEDICATIONS BEING TAKEN _____

PHYSICAL HANDICAPS OR LIMITATIONS _____

MEDICAL INSURANCE COMPANY _____

POLICY NUMBER _____ MEMBER'S NAME _____

DISCIPLINE RELEASE FORM

I have been informed of and understand the rules pertaining to the trip that my young person is participating in. I understand that if at any time my young person refuses to abide by or continually disregards the rules as set forth, or if my young person becomes destructive, he/she will be sent home at my expense on the safest and quickest transportation available.

SIGNED (PARENT) _____

SIGNED (PARTICIPATING YOUTH) _____