

# Edgewood Baptist Church Parent Permission Slip

I, \_\_\_\_\_, being the lawful parent(s) and/or guardian(s) of son/daughter \_\_\_\_\_ give my permission to go \_\_\_\_\_ on \_\_\_\_\_ to \_\_\_\_\_. I understand that responsible chaperones will be accompanying the group, and that my child is responsible to those chaperones. I understand that my child should listen to instructions from the chaperones and that if he/she becomes disruptive that he/she will be sent home. I, in no way hold the chaperones nor Edgewood Baptist Church liable for anything that may occur. In the event that I cannot be reached in an emergency situation, I hereby give my permission to the physician or dentist selected by the chaperones to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

The following person(s) is/are allowed to pick-up my son/daughter.

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

The following person(s) is/are not allowed contact with my student.

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

May your student leave with a teenage driver?(this includes brother/sister) \_\_\_\_yes \_\_\_\_no

The number I can be reached at in case of an emergency is \_\_\_\_\_.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_