

PERMISSION SLIP

NAME- _____ SEX: MALE / FEMALE

AGE- _____ BIRTHDATE- _____

ADDRESS- _____

PHONE- _____

PARENT'S NAME- _____

ALTERNATIVE CONTACT PERSON IN CASE OF EMERGENCY:

NAME- _____ NUMBER#- _____

IN CASE OF A MEDICAL EMERGENCY INVOLVING MY SON / DAUGHTER, AND IN THE EVENT THAT I CANNOT BE CONTACTED, I HEREBY GIVE PERMISSION TO THE MEDICAL / SURGICAL DECISIONS, INCLUDING TRANSPORT TO ANOTHER MEDICAL FACILITY. I UNDERSTAND THAT EVERY ATTEMPT WILL BE MADE TO CONTACT ME BEFORE TREATMENT IS RENDERED, AND I DON'T HOLD GOOD SHEPHERD BAPTIST CHURCH AND / OR STAFF LIABLE. :

SIGNATURE OF PARENT / GUARDIAN: _____

Youth Covenant: I _____ am aware that the function that I am attending is a Christian function, and will conduct myself in a Christian and orderly manner while attending this OUTING. I realize that at any point of the trip, I may be sent home for any of the following reasons:

- cursing or using inappropriate language towards staff / peers
- engaging in sexual behavior / conduct
- fighting, or any violent acts toward staff / peers

And realize that if sent home, I will not be refunded!!!

I agree to conduct myself in a manner that is appropriate to Christ Jesus, and I now sign and seal this covenant in prayer and with the blood of Jesus Christ.

X _____