

**F**irst **B**aptist of **I**ndependence  
**PARENT PERMISSION SLIP**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

My daughter / son (circle one) has my permission to participate in:

*Activity* \_\_\_\_\_

*Date and Time* \_\_\_\_\_

- I have previously filled out and turned in the Medical Release Form (required for every student) and the information has not changed.*

In the unlikely event of an emergency, I give my permission for my daughter/son to be treated by an accredited physician in an approved emergency medical clinic or hospital. I therefore authorize First Baptist Church and it's representatives to act on my behalf and order the appropriate treatment.

I further release from liability First Baptist Church and it's representatives in the event of an accident while in transit, during, or returning from this event.

I also acknowledge that should my child have to be returned home due to disciplinary reasons, it is my responsibility to assume all transportation costs.

*Parent(s)/Legal Guardian(s)* \_\_\_\_\_

*Address* \_\_\_\_\_

*Home Phone* \_\_\_\_\_ *Work Phone(s)* \_\_\_\_\_

\_\_\_\_\_  
*Parent/Legal Guardian Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Legal Guardian Signature*