

**Union Baptist Church
Permission Slip**

Date:
Event:
Time:
Leaders:
COST:

We can be reached at Rob James' phone number: 706-372-4532

I give my full permission to Rob James, Peter Eastman, Leona Day, and/or Peter Whipple to authorize any medical treatment he/she may deem necessary for my child/children _____ during the event in case I cannot be reached.

Parent's name: _____ Date: _____

Address: _____
City: _____ State _____ Zip _____

Phone number: _____

Parent's signature _____

Medical Insurance Yes No
Policy # _____

Child's age & birthdate: _____

Allergies or special medical problems?

Medications to be taken during trip and times:

Emergency Contact name & number if parents cannot be reached: _____

