

**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: \_\_\_\_\_

