

WBBC Permission Slip

My child, _____ has my permission to attend the
_____ trip with the **Western Branch**
Baptist Church Youth Group
on _____.

In the event of an injury, I expect to be notified immediately. In an emergency situation I can be reached at...

(home) _____,

(work) _____, or

(cell) _____.

I authorize the WBBC Youth Staff to make any necessary decisions regarding treatment for my child, if I cannot be located.

___ **Yes**, you have my child's insurance information on file.

If not, please complete the following:

Allergies and/or medication

Does your child have any medical/physical condition(s) of which we should be aware of?

If so, please provide details:

Insurance company _____

Policy # _____

My student has permission to (check all that apply):

___ Ride in the church van

___ Ride with a youth leader

___ Drive him/her self

Parent Signature _____

Date _____