

2010 PERMISSION SLIP

Name _____

Address _____

City _____ Zip _____

Grade in Fall 2009 _____ Date of Birth _____

I give permission for my child to join the youth of first Baptist Church of Angleton, Texas, in any of the activities or trips sponsored by the church, its staff, and sponsors. I hereby release them from responsibility and liability for any illness or injury that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity as agent for me, to consent to any X-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, dentist (as appropriate), licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signed: _____
(parent or legal guardian)

Date: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____