

**Englewood Baptist Church
1350 S. Winstead Ave.
Rocky Mount NC, 27803
(252) 937-8254**

Permission Slip

Student's Name: _____ School Grade: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Permission to attend trip/event

My student (name) _____ has my expressed permission to attend Englewood Baptist Youth Ministry's event _____.

Permission to give Medical Attention

I understand that risks are involved anytime a group goes on a trip, whether local or away and I willingly accept normal risk. In case of emergency, I give the Associate Pastor of Youth, or the person placed in charge of my child, permission to have my child treated. I will not hold the individual in charge, the attending physician, or Englewood Baptist Church (Rocky Mount, NC) responsible. This includes permission for emergency surgery and/or medication if it is deemed necessary.

Phone numbers where I can be reached:

(Home) _____ (Cell) _____ (Alternate) _____

Our family Physician is (Name) _____ (Phone) _____

Our Family Dentist is (Name) _____ (Phone) _____

Our Health Insurance Company is (Name) _____

Policy # _____ Group # _____

My student has these medical conditions that emergency medical personnel and others may need to know about: (special conditions, asthma, allergies, current medications, recent medical treatment/surgeries, etc)

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Englewood Baptist Church and its agents and harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my student or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

Parent/Guardian Signature: _____ Date: _____