

Student Ministries

@Faith Baptist Church

**Permission Slip**

Event Name:  Place:  Date(s): Cost: .

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I give permission for my child to attend the 1031 Ministries activity listed above.

I further give permission for my child to participate in all activities associated with this event.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature of Parent or Legal Guardian Printed name of Parent or Legal Guardian Date

**EMERGENCY CONTACT INFORMATION**

**Parent/Guardian** Phone Numbers Type (Home, Cell, etc.)

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Name(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

City State Zip

**Other Emergency Contact** Phone Numbers Type (Home, Cell, etc.)

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Name(s) Relationship to Student

**Mike (Gibby) Gibson** – **Youth Pastor**

See reverse for medical information

**Faith Baptist Church**

**47500 Warren Rd.**

**Canton, MI 48187**

**(734) 323-6604 Cell**



Student Ministry

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**Medical Release Form**

The undersigned acknowledges that care will be taken to avoid problems or accidents. However, in consideration for being accepted by 1031 Ministries @ Faith Baptist Church for participation in any trip or activity, I do hereby release, forever discharge and agree to hold harmless said church, it’s pastors, board, employees and agents from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage or expenses, of any nature whatsoever which may be incurred by the undersigned and the student that occur while said person is participating in any trip or activities.

The undersigned further consents to the administration of the administration of first aid and/or doctor’s care, or any other form of medical treatment necessitated by illness or injury that may be required. In the event or the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said church, it’s pastors, board, employees and agents from any acts of malfeasance, and/or failure to act on the part chosen to help or to administer medical care on behalf of the participant.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If a minor/child, signature of parent or legal guardian)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List of medication, medical allergies, medical problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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