PERMISSION SLIP FOR TRIPS AND AUTHORIZATION FOR MEDICAL CARE

I, hereby, give my permission for to be a part of the Rising Fawn Baptist Church trips and activities for the entire year of 2016. I understand that in case of an accident or injury that the church, driver, and the group leader cannot be held responsible.			
I understand that my signature grants my licensed physician or paramedic should a insurance company.	an accident or i		
Parent or Legal Guardian's Signature		Date	
Parent(s) Name	Manager of the Committee of the Committe		
Address	Mark to the second control of the control of the second control of		
City	State	Zip	
Phone Number ()	Home	()	Work
Name of Insurance Company			
Policy/Identification Number			
Group Number			
List all allergies (including food) and oth	ner vital medica	al information:	
			•
Date of Last Tetanus Shot			