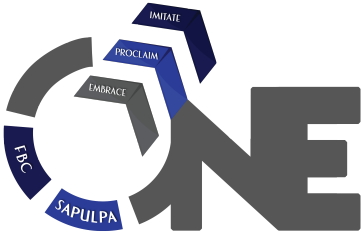


Permission Slip



Student Information

Name _____

Gender M / F DOB _____

Current grade _____

Participation: We have been planning an amazing experience for your student and in consideration for the student's participation in First Baptist Event _____. I, for myself and on behalf of my attending student agree to release FBCS (First Baptist Church of Sapulpa), its officers, directors, and agents and anyone connected or associated with the church, from any liability for injuries to the student arising out of his/her participation, including during their transportation to and from the event as applicable. I also authorize FBCS to publish the photographs taken of me and/or the undersigned minor student and our names for any lawful purpose, including illustrations, advertising and web content. I release all claims against FBCS with respect to ownership and confirm that I am the parent or legal guardian of the minor student and have the authority to authorize use. Notice; FBCS will not be held liable for the loss of money or other personal items that may be lost or missing. Any damages or losses caused by my student, individually or with a group, shall become my responsibility. On all of our events, we have certain expectations of civil behavior which will insure that we all have a great experience. If, during this event, the student is unwilling to maintain these expectations, please understand that parents will be notified. Further, should it be necessary for the student to return home due to disciplinary action or otherwise, parents will assume all transportation costs.

Parent/Guardian Information

Name _____ Relationship _____

Address: _____

Best Contact Number _____ Email _____

Emergency Phone: #1 _____ Emergency Phone: #2 _____

Others Authorized to pick-up student: _____

(For your child's safety a Photo ID may be required)

Do you attend Church _____ Name of Church: _____

Medical: My permission is granted for First Baptist Church of Sapulpa (FBCS) staff, sponsors, or chaperones to obtain necessary medical attention in case of sickness, injury, or accident to my student. This includes travel to and from the event/activity as well as the event/activity itself. I accept responsibility for any and all financial obligations incurred for such treatment.

Food Allergies/Allergies/Medical Concerns:

Please list any medical concerns such as allergies, medications, etc. which pertains to your student:

Signature of parent or legal guardian

Dated this _____ day of _____, 2017, Creek County, Oklahoma

X _____

(Print Name)

X _____

(Signature)

Optional:

Do you have medical insurance?

Insured's Date of Birth _____ Policy Holder _____ Policy # _____