

Generic Permission Slip

My son/daughter _____ has
my permission to attend the
_____ Trip
with the **Northport Baptist Church Youth Group**
on _____.

In the event of an injury, I expect to be notified
immediately. In an emergency situation I can be
reached at...

(home) _____,
(work) _____, or
(cell) _____.

I authorize the NBC Youth Staff to make any
necessary decisions regarding treatment for my child,
if I cannot be located.

___ **Yes**, you have my child's insurance information on file.

If not, please complete the following:

Allergies and/or medication

Does your child have any medical/physical
condition(s) of which we should be aware of?

If so, please provide details:

Insurance Company _____

Policy # _____

Parent Signature _____

Date _____