

PERMISSION SLIP

and/or ride

My child, _____, has my permission to attend
 the _____ and receive
 transportation by _____ with
 DaySpring Baptist Church on _____.

I understand all safety precautions will be observed, but in case of accident or injury, I give the sponsors and teachers on the trip authorization to secure any medical attention necessary for my child. Furthermore, I release DaySpring Baptist Church and sponsors and teachers from any liability in case of an accident or injury to my child.

Name of parent or guardian _____

Phone(s): home: _____ work: _____
cell: _____

Insurance information:

Special instructions/concerns:

Signature: _____ Date: _____