

Permission Slip

I, the undersigned parent or guardian, give permission for my child
_____ to participate in _____ (Activity)
on _____ (Date).

I certify that my child is able to participate in the activity listed above. I have listed below any medical conditions which may be relevant to a physician in the event of an emergency. In case of emergency I can be reached at the telephone number listed below. If I cannot be reached, I authorize the Unity Baptist Church leadership team to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

Parent signature

Date

Telephone Number: _____

Cell Number: _____

Medical Conditions: _____

Food Allergies: _____

Allergies: _____

Activities: _____
