

TIPTON BAPTIST CHURCH PERMISSION SLIP

I give permission for _____
Name Age Date of Birth

To attend activities made available to my teen by Tipton Baptist Church. I allow my teen to accept transportation from and to all events that may be required.

I agree to assume all liability for accident, injury, illness or fatality as a result of my teen participating in these activities. I agree to hold Tipton Baptist Church, its board, employees, and volunteers forever harmless for my teen's participation in this activity.

In the event of a medical emergency, I understand that every effort will be made to contact parent or guardian of my teen. In the event that I cannot be reached, I hereby give permission to the physician selected by the person in charge to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my teen as named herein.

I hereby certify that my teen is covered by a personal insurance policy or is included in a policy, which is in force. Further, I hereby authorize routine medical dispensary care for the above named student and authorize treatment not considered routine in local physicians and medical facilities at my expense. In signing this form, I hereby certify that all information is correct and true and give permission for the use of photographs including my teen in Tipton Baptist Church publicity, and for the release of medical records in case of illness.

Personal note: Please make sure that your teen understands the responsibility that accompanies this kind of event. Due to safety being of the highest demands, any lack of proper cooperation between your teen and Tipton Baptist Church's staff may result in further suspension from activities, and may result in the immediate dismissal from the event if deemed necessary by the staff. You agree to be available to pick up your teen should their behavior warrant such a decision.

Parent/Guardian's name Address Phone Number

Parent/Guardian's signature Date