

**CHURCH OF CHRIST - 948 AIRPORT ROAD - HOT SPRINGS, AR 71913
(PH. # 501-760-3110) ***ANNUAL / TRIP PERMISSION SLIP*****

My son/daughter _____ has my permission to travel with the Church of Christ Youth Group, (Airport Rd.) to activities from _____, _____ to **December 31, 2012** (or if for single trip only, please specify date _____). This is authorization for any adult sponsor to seek or administer medical attention, medication or obtain hospital treatment when deemed necessary.

Date: _____
_____ (Signature of Parent or Guardian)

Father's Name: _____ Mother's Name: _____

Home Address & Telephone # _____

Father's Employer: _____ Mother's Employer: _____

Employer's Phone # _____ Employer's Phone # _____

Family Physician's Name: _____

Insurance Company Name: _____

Group # _____ Policy # _____

*List any other vital medical information which may be necessary or helpful in treating your son/daughter: Example: (Allergies, Asthma, Diabetic, etc.) _____

In case of Emergency, Please Call:

Primary: _____ Phone: _____

Alternate: _____ Phone: _____

Alternate: _____ Phone: _____

I have given permission for my child _____ to participate in & travel with the Church of Christ Youth Group from _____ to **Dec. 31, 2012**, (or if for single trip only, please specify date _____).

I understand that the church is a non-profit organization and hereby accept any and all risks associated with the specified travel and church sponsored activity and hereby knowingly and willingly waive any liability of the church or its elders, ministers and sponsors for injuries or other damages of any kind which might be accidentally sustained by my child in connection with such activity or trip.

DATE: _____

Signature of Parent or Guardian