

**North Auburn Hills Baptist Church
Permission Slip**

Place and purpose of Activity _____

Date of Activity _____

Means of transportation _____

Leaving Time _____ Returning Time _____

Each Youth should bring _____

If you have any questions please
call _____

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I, the parent or guardian of _____, give my permission for the child to participate in the activity described, should a medical emergency arise, North Auburn Hills Baptist Church or its agents, has my permission to seek and authorize emergency medical care for the youth in my absence.

I agree to indemnify and hold N.A.H.B.C., its employees and its volunteers harmless from any tort claim brought by or on behalf of the youth as a result of any action or inaction taken by the N.A.H.B.C., its employees and its volunteers in connection with the activity.

Date _____ Parents signature _____

Print Name _____

Phone Numbers

Home _____ Mom's Cell _____ Dad's

Cell _____

Other important numbers _____

Allergies or special problems _____

Insurance Company _____

Insurance Number _____

**YOUTH WITHOUT A SIGNED PERMISSION SLIP WILL NOT BE
PERMITTED TO PARTICIPATE**