

GENERAL PERMISSION SLIP FOR THOSE UNDER THE AGE OF EIGHTEEN

**CORINTH BAPTIST CHURCH
Elizabeth City, NC**

(Please Print) _____, age _____, has my permission to ride the Church bus and van, and to participate in the various church related trips, activities and ministries.

In the event of an accident or illness that requires a doctor's care and/or hospitalization while riding either of the church vehicles or participating in any church related trips, activities or ministries (whether local or out of town), I understand every effort will be made by the group leader, driver, chaperones or church staff members to contact the parents, guardians or next of kin. If these cannot be contacted, be it advised that the adult group leader, driver, chaperones or church staff members, under medical advisement, be given permission for the above-listed person to have a doctor's care and/or hospitalization.

Please Print Name

Signature

Date

List persons to contact in case of an emergency:

PHONE NUMBERS

Please Print

Home _____

Business _____

Please Print

Home _____

Business _____

Please Print

Home _____

Business _____

INSURANCE COMPANY

POLICY NUMBER

Please Print

Please Print

ANNUAL REVIEW

DATE

SIGNATURE

DATE

SIGNATURE

NOTE: This permission slip must be reviewed annually during the month of August