GENERAL PERMISSION SLIP FOR THOSE EIGHTEEN YEARS OF AGE & OVER

CORINTH BAPTIST CHURCH
Elizabeth City, NC

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 person listed below 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**

_____ Home _____
Please Print
Business _____

_____ Home _____
Please Print
Business _____

_____ Home _____
Please Print
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