

# Lefferts Park Baptist Church

## Permission Form

NAME \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_

AGE OF CHILD & B-DAY \_\_\_\_\_

ACTIVITY \_\_\_\_\_

DATE: \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

*I give permission for my child to attend the above named activity, which is sponsored by Lefferts Park Baptist Church. In case of illness or injury I desire that he/she receive emergency medical care, and hereby give my permission for the necessary treatment by activity leaders and/or medical personnel.*

*In signing this form I free Lefferts Park Baptist Church and its volunteers of any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury in connection with participation in the described activity.*

Date: \_\_\_\_\_

\_\_\_\_\_

*Signature of Custodial Parent/Guardian*