

Permission Form for Soda Springs Baptist Church

Please read this slip carefully, fill out completely, sign and return by the day of the activity. Your child MUST have a signed permission slip in order to attend.

Thank you.

Name: _____ Phone: _____

Address: _____ D.O.B. _____

I, _____ as parent/guardian of the above named child, give him/her permission to participate in Soda Springs Baptist Church summer activities. I release the church and the representatives from any liability in the event of an accident enroute, during, or returning from any activity. I also authorize them to obtain any emergency medical attention that may be required during my child's attendance.

Signed: _____ Date: _____

Parent/Guardian

Parent/Guardian: _____ (please print)

Emergency Phone Number _____

Alternate Phone Number _____

Special Needs

Are there any specific or special needs that we should be aware of for your child? Please list them below along with any information that could be helpful. If you should need more space please write on the back of this form. Thank you.