

First Baptist Church of Josephine
Permission Slip

Group _____ Sponsor _____

Date _____ Phone _____

Activity _____

Time _____ Place _____ Cost _____

Each participant should _____

Adult Chaperones _____ Phone _____

_____ Phone _____

Please complete the form below and return it by _____.

For more information about FBC Josephine events call 972-843-8192.

Keep the top part of this form.

Permission Slip

Child's Name: _____

☐ Male ☐ Female Home Phone: _____

Mailing Address: _____

Birthday: _____ Age: _____

Parent/Guardian name: _____

Cell phone #: _____

Church you attend: _____

Emergency Contact name: _____

Emergency Contact Phone: _____ Cell: _____

Does your child have any allergies or special needs we should be aware of? _____

I hereby give my permission for my child to participate in the Special Event at First Baptist Church and authorize the staff of First Baptist Church to obtain emergency medical treatment for my child should he/she become ill or injured and I am unable to be contacted.

Parent Signature _____ Date: _____