

Salem Sayers Baptist Church/Academy
P.O. Box 777 * 5212 FM 1628
Adkins, TX 78101 (210) 649-2153/1178

Permission Slip

Name: _____ School Grade: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

I give permission for _____ to attend this church/School Sponsored Function, _____ and participate in all of the activities. I understand that this function is voluntary and that non-participation will not harm my child's class standing. In giving my permission, I hereby release, indemnify, and agree to hold harmless [Church/School], its Board, officers, employees, members, agents, servants, and sponsors from liability for any claim, demand, or cause of action arising out of, resulting from, caused by, occurring during, or any way connected with, the following described Church/School Sponsored function:

Date of Trip: March 19, 2011

Destination of Trip: Enchanted Rock

Activities of Trip:

Purpose of Trip:

Departure From: SSBC 9:30 a.m.

Return To: SSBC 6:00 p.m.

Mode of Transportation: Church Vans

Vehicle Operators: Paul Bricker, Jason Taylor (Staff, Volunteers, Hired Drivers)

Chaperones: Paul & Debbie Bricker, Jason & Missy Taylor (Staff, Parents)

I understand that my child must strictly adhere to all the rules, regulations, and instructions pertaining to his/her safety and protection and that failure to comply could excluded my child from participation in the activities of the Function.

I understand that the church/school cannot guarantee the safety of my child and cannot assume the responsibility for spontaneous, unforeseeable injuries that could not have been prevented through the exercise of reasonable care.

I am providing the following medical information that is to be kept confidential unless it is medically necessary to divulge the information:

My child has the following allergies: _____

My child has adverse reactions to the following medications: _____

My child has the following medical conditions: _____

My child is taking the following medications (include times of day taken and dosage level): _____

Person to contact in case of emergency: _____

Telephone number in case of emergency: _____

Signature (Parent or Legal Guardian)