

PARENT'S PERMISSION SLIP

Child's Name _____

Phone Number(s) where parents can be reached _____

I hereby authorize my child to participate in the following activity with Monclova Road Baptist Church :

Think Pink - Columbus, Ohio - 7th-12th grade GIRLS ONLY

Leaving: March 5, 2010 - 5pm - Returning: March 6, 2010 - 9:15am

Cost: \$25 if paid by February 13th - \$30 if paid after the 13th

In the rare event of a medical emergency, I understand every effort will be made to contact the parents or guardians of the child attending the event. If we cannot be reached, I hereby give my permission to Monclova Road Baptist Church to seek medical attention for my child and authorize the physician available to hospitalize and secure proper treatment for the child named above. I understand I am liable for any medical expenses that may arise.

Signature of guardian _____ Date ____/____/____

Parent's Comments: _____

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Signature of guardian _____ Date ____/____/____

Insurance Agent and Policy Number: _____

Parent's Comments: _____

