



Youth Department Activities Permission Slip

First Name _____ Last Name _____ Date of Birth: _____
 Address: _____ City _____ State _____
 Church: _____ Pastor _____ Youth Director _____
 Guardian: _____ Relationship _____ Phone _____
 Guardian: _____ Relationship _____ Phone _____
 Emergency Contact (if Guardian cannot be reached):
 Name: _____ Relationship _____ Phone _____
 Name: _____ Relationship _____ Phone _____

Medical Information:

Allergies _____
 Medications _____

I, _____ give my child _____
 permission to attend and participate in the Consolidated Baptist District Educational S/S & BTU
 June 9, 2018 Final Institute Activities

- I hereby release the Consolidated Baptist District Educational S/S & BTU Convention, its employees, officers and volunteers from any liability for injuries or illness which may occur at these events or venues.
- The Consolidated Baptist District Educational S/S & BTU Convention has my permission to take my child for treatment to an emergency room or to a licensed physician in the event of illness or accident.
- Furthermore, I give consent for my child to be photographed during church activities for ministry-related publicity.

Signed: _____ Date: _____
 (parent/guardian signature)

If there is any question regarding this form or activities, please feel free to contact the Dean of the Convention:

Rev. P.B. Bruton (859)351-8210, or Sis. Sherry Jackson, youth director, (859) 229-8999