DaySpring Baptist Church
PERMISSION SLIP

and/or ride

My child,_____, has my permission to attend
[name]
the _____ and receive transportation by
(activity)
_____ with DaySpring Baptist
(mode of transportation)
Church on _____.
[date & time]

I understand all safety precautions will be observed, but in case of accident or injury, I give the sponsors and teachers on the trip authorization to secure any medical attention necessary for my child. Furthermore, I release DaySpring Baptist Church and sponsors and teachers from any liability in case of an accident or injury to my child.

Name of parent or guardian_____

Phone(s): home:_____ work: _____
cell: _____

Insurance information: _____
_____
_____

Special instructions/concerns: _____
_____
_____
_____

Signature: _____ Date:_____