ANTIOCH MISSIONARY BAPTIST CHURCH

youth ministry

PERMISSION SLIP

I (Parent/Guardian), _____, give permission for my child/children _____ to attend Antioch Missionary Baptist Church Youth Ministry outings.

☐ I understand that the church leaders and volunteers will take responsible precautions to ensure the safety and well-being of all participants.

Emergency Contact Information

Parent/Guardian Name: _____

Phone Number: _____

Alternate Contact Name: _____

Alternate Contact Number: _____

Medical Information

Allergies: _____

Medications: _____

Health Concerns: _____

_____

Special Instructions: _____

_____

☐ In the event of an emergency, I authorize the Youth Supervisors to secure medical treatment for my child(ren) as deemed necessary.

Parent/Guardian Signature: _____

Date: _____

Additional Comments/Notes: