

*Clayton Baptist Church 110 S. Delsea Drive Clayton, NJ 08312 881-5454*

*We request your permission for your child to attend the following activity:*

## ***General Permission Slip***

**Date:**

**Cost:**

**Be at Church:**

**Return:**

**Destination:**

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Each participant must return completed form to participate in the activity!

*E-mail questions to: **IkeJones21@outlook.com***

My son/daughter \_\_\_\_\_, who is in grade \_\_\_\_\_, has my permission to participate in the following activity: \_\_\_\_\_. During this activity, I may be reached at:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical/Emergency Information:

Physician's Name and Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Please note physical limitations, if any, on the back of this form.

If I can't be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Questions? Email: [IkeJones21@outlook.com](mailto:IkeJones21@outlook.com)