



Please have this document notarized before giving to the Group Leader.

# CROSSROADS CHURCH OF GOD

## PERMISSION SLIP

(This form may be photocopied when completed. Print clearly, use black ink.)

Person's Name: \_\_\_\_\_ Ministry Department: \_\_\_\_\_

**Parent / Legal Guardian to keep this portion**

Activity / Place: \_\_\_\_\_ Date (s): \_\_\_\_\_

Leaving from: \_\_\_\_\_ Time of departure: \_\_\_\_\_  A..M.  P.M.

Returning to: \_\_\_\_\_ Time of return: \_\_\_\_\_  A..M.  P.M.

Bring: \_\_\_\_\_ Fee: \_\_\_\_\_

Dress: \_\_\_\_\_

Adult in charge: \_\_\_\_\_ Phone: (Area Code) \_\_\_\_\_

Contact Adult: \_\_\_\_\_ Phone: (Area Code) \_\_\_\_\_

-----  
**Please cut above and return this portion to group leader in charge of activity by: (Date):** \_\_\_\_\_

Person's Name: \_\_\_\_\_ Ministry Department: \_\_\_\_\_ Age: \_\_\_\_\_

Activity: \_\_\_\_\_ Date (s): \_\_\_\_\_

My son/daughter has my permission to attend the activity listed above. He/She will not attend if he/she is not feeling well. I give my permission to have him/her treated by a licensed physician if necessary. I also agree to be financially responsible for all expenses associated with providing medical care for my child. My signature on this document also allows **Crossroads Church of God** to use *photographs, voice, and/or video of my child for Public Relations purpose*. My son/daughter may have opportunities in the future to attend activities other than the ones listed on this form. I acknowledge that if I give permission for him/her to participate in such activities in the future, it is under the same conditions that are set out in this form, including with respect to transportation. (Group Leader: Attach future parent permissions to this form.)

**TRANSPORTATION RELEASE:** I understand that group leaders must obtain the written consent of parent / guardian for every boy/girl wishing to participate in an activity or outing that is held at a different place and time from the regularly scheduled service. I accept responsibilities for the transportation of my child to and from any church activity and recognize that transportation to and from special events is not the responsibility of the **Crossroads Church of God**. I recognize that the driver of any such carpool or bus/van service that I arrange is not acting as an agent of **Crossroads Church of God**. It is my expressed intention to hold **Crossroads Church of God** harmless for any and all injuries, death or damages arising from or in any way related to any such transportation.

I give my permission for my son/daughter to participate in such activities as swimming, horseback riding, boating, or other strenuous activities. If no exceptions, he/she may participate in all activities at this outing or camp. Exceptions: \_\_\_\_\_

My son/daughter **may not be** released to: \_\_\_\_\_  
If unable to reach me in case of an emergency or change in plans, please contact one of the following. I will make arrangements with these people prior to the event.

Name: \_\_\_\_\_ Day: (Area Code) \_\_\_\_\_ Evening: (Area Code): \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Day: (Area Code) \_\_\_\_\_ Evening: (Area Code): \_\_\_\_\_ Relationship: \_\_\_\_\_

I have provided medication (s) for my son/daughter to take with the supervision of the Group Leader / First Aid <input type="checkbox"/> Yes <input type="checkbox"/> No (attach a list if necessary)		
Medication:	Dosage:	How Often:

Medication (s) he/she can have: \_\_\_\_\_

Medication (s) he/she **cannot have**: \_\_\_\_\_

Disease exposed to in last 30-days: \_\_\_\_\_

Signature of Parent / Legal Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Print Name of Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_