Lexington Baptist Church
308 East Main Street, Lexington, SC 29072 (803) 359-4146

This permission slip covers the person named below in all events sponsored or participated in by the Student Ministry of Lexington Baptist Church beginning **June 1, 2008** and ending **June 1, 2009**

Name				Birth Date	
Address				SS #	
City		State		Zip	
Parent(s') Name(s)					
Home Phone					

FATHER DAYTIME CONTACT		MOTHER DAYTIME CONTACT	
Employer		Employer	
Address		Address	
Work Phone		Work Phone	
Alt. Phone		Alt. Phone	

Alt. Contact	
Alt. Phone	
Alt. Address	

Physician Name		Physician Phone	
Physician Group			
Orthodontist/Dentist		Dentist Phone	

Date Last Tetanus		List Allergies	
Special Medications			
Other		Special Treatments	
OVER THE COUNTER MEDICATOIN PREFERRED FOR THE FOLLOWING:			
Headaches:	Stomach Ache:	Sinus:	

Insurance Carrier		Primary Policyholder	
Carrier Phone		Policy Number	

As parent/guardian, I give my permission for _____(Child's name) to participate in all events sponsored and/or participated in by Lexington Baptist Church of Lexington, South Carolina. It is my expressed desire that _____(Child's name) participates in all trips as well as all such activities relating to it participated in by Lexington Baptist Church.

I also give my permission to the chaperones of each trip in which my child participates to authorize reasonable and necessary medical care, including but not limited to any emergency surgical procedure or hospitalization if the same should become necessary wheresoever _____(child's name) may be located.

_____
Parent's Signature Date

Notary: _____,
For: _____, South Carolina
My commission expires: _____.