

Participant Permission Slip

Parent/ Legal Guardian

Address: _____ Phone: _____ Cell _____

Participant lives with: _____.

I, _____, parent/legal guardian of _____, give my permission for _____, to attend the event listed below on the date and time specified. I have completed the Medical Release form authorizing Cornerstone Baptist Church or it's designee to seek medical assistance in the event an emergency, and I or my emergency contact could not be reached.

Individual having permission to pick up my child? Provide Name, Address, and Phone Number

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

In the event of a medical emergency, please list Emergency Contact and Telephone Number.

_____ Relationship: _____

_____ Relationship: _____

Event

Last Day Blast!

Name of Church: Cornerstone Baptist Church Address: 1100 W Highland Blvd. 34450

Church Phone # (352) 726-7335 Church Fax: (352) 341-4673.

Date of the Event: _____ Time of Event: _____

Location of the Event: _____

Activities during the event: _____

Group Leader _____

Parent/Legal Guardian Signature: _____ Date: _____

Phone: _____ Cell _____