

Cheltenham Baptist Church

PERMISSION FORM

I hereby give permission for my child to attend the **Sunday School/ Dragonflies Boys Group/ Fireflies Girls Group** of Cheltenham Baptist Church. I understand that the programs involve the children participating in sports, crafts and games. These sports, crafts and games may be played indoors or outdoors.

I understand that the children will be under the direction and supervision of one or more adult leaders, approved of by Cheltenham Baptist Church.

I hereby waive any claim against Cheltenham Baptist Church, and its approved leaders for any accident, injury or illness that may occur while my child is participating in the Sunday School/ Dragonflies/ Fireflies programs of Cheltenham Baptist Church.

In the event of an Emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure treatment for my child that is deemed necessary by the attending physician. I have noted my child's relevant medical condition (s) and allergies, if any, below.

Child's Name: _____

Health Card # _____

Family Doctor _____ Phone# _____

Medical conditions: _____

Allergies: _____

Parents names: _____ Phone# _____

Address: _____ Postal Code _____

E-Mail Address: _____ Extra Phone # _____

In case of emergency contact name: _____

Phone# _____ Relationship _____

Parent/Guardian signature: _____

Print Name of Parent: _____ Date: _____