

PERMISSION/RELEASE

I, _____, give permission for my son(s)/daughter(s),
Name of Parent/Guardian

_____, to attend the X-Stream Student Ministries of
Name of Child/Children Attending Event

Fall Creek Baptist Church trip to _____
Name of Event

at _____ on _____.
Location of Event Date of Event

I also give my permission to administer any necessary medical attention in case of an emergency and release Fall Creek Baptist Church/X-Stream Student Ministries and its representatives from any liability.

Signature of Parent/Guardian

Emergency Phone Number

Health Insurance Company

Policy Number