

**Burnt Hickory Baptist Church**  
**Permission Slip**  
**Fun in the Son Retreat—March 19-20, 2010**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Specific medical allergies, chronic illnesses, or other conditions: \_\_\_\_\_

\_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

**Please attempt to contact the following person if the parent/guardian is not available:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

As the parent / guardian of the above child, I am giving him / her permission to participate in the Fun in the Son Spring Time Retreat.

By signing, I also herewith authorize treatment under the direction of any licensed physician of the following minor(s) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed below.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Burnt Hickory Baptist Church, its members and staff, the chaperons', and agents from any liability therefore.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_ **I would like to chaperone (name)** \_\_\_\_\_

~Winning Kids to Christ & Growing Them Spiritually~



**Burnt Hickory Baptist Church**  
5145 Due West Road, Powder Springs, GA 30127  
770-590-0334