

# **MRBC STUDENT MINISTRY PERMISSION SLIP**

**Child's Name** \_\_\_\_\_

**Phone Number(s) where parents can be reached** \_\_\_\_\_

I hereby authorize my child to participate in the following activity with Monclova Road Baptist Church:

## **Cedar Point**

Date: June 4, 2018

Time: 8AM - 10PM

Cost: \$42 per person

In the rare event of a medical emergency, I understand every effort will be made to contact the parents or guardians of the child attending the event. If we cannot be reached, I hereby give my permission to Monclova Road Baptist Church to seek medical attention for my child and authorize the physician available to hospitalize and secure proper treatment for the child named above. I understand I am liable for any medical expenses that may arise.

**Signature of guardian** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent's Comments:** \_\_\_\_\_