

## **Student Permission Slip / Travel Waiver**

Effective Dates November 1, 2025 to October 31, 2026

t is understood that (Name of Sto attend any activity or trip of the orivate car. I, as the legal parendischarge the First Baptist Chudamages resulting from injuries transportation or while on a Chemical Characterist Characterist can be contacted as the contact	he First Baptist Church of nt and/or legally appointed rch of Canton, its agents, s to person or property wh	Canton and ride in the diguardian, do hereby employees and office	e church van, bus, or forever release and ers from any claims or
t is agreed that First Baptist Chake whatever action they feel in of said student/child/young persofficers or agents, at their discreany point for medical doctor for a medical doctor for treatment whatever arrangements they described the same of	is warranted under the cir son. This authority will pe etion, to place participant treatment or, if no hospit nt. If it is impossible to co	cumstances regarding rmit the first Baptist C s (at their family's exp al is available, to plac	g the health and safety hurch of Canton its ense) in a hospital at e him/her in the hands
Youth Name		Date of	Birth
Allergies	Current Medications		
Parent/Legal Guardian		_ Home Phone	
Address		Cell Phone	
nsurance Company		Policy/Gro	oup #
Name of Insured		•	
f unable to contact said parent			contact the following:
Name	Relationship		
Home Phone	Cell F	Phone	
Signature of Parent	/Legal Guardian		Date
First Baptist Church Car	nton 303 Athens Stree	t Canton, TX 75103	903-567-4157