



Little Rock Baptist Church  
7351 Old Alexandria Ferry Road  
Clinton, Maryland 20886  
(301) 868-5973  
Reverend Daniel Reeves, Pastor  
[www.littlerock-baptist.org](http://www.littlerock-baptist.org)

### Youth Permission Slip

I hereby give my permission for \_\_\_\_\_ to participate in the upcoming Little Rock Baptist Church Youth Ministry event designated below. I understand that reasonable plans have been made to ensure the safety and welfare of all participants. I also understand that volunteer adults and staff will be chaperoning at the youth event and will take reasonable actions as they deem necessary to protect the best interest of all participants. In signing this permission slip, my child will conduct himself/herself in a safe and orderly manner and will comply with decisions made by the adult chaperones.

Upcoming Event/Trip To: \_\_\_\_\_ On: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Please indicate any restrictions or conditions the youth leaders should be aware of (i.e. allergies, medical conditions, regular medications, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Medical Care Authorization

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_, hereby authorize any necessary medical care or medical procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by a physician to safeguard my child's health in the event that I cannot be contacted. I waive my right of informed consent for such treatment.

Signature of Parent/Guardian: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Insurance ID/Group Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ (please initial) I give permission for Little Rock Baptist Church to use pictures taken at Youth Ministry events that include my child in church publications or on the church website.