



**PERMISSION FORM**

Name \_\_\_\_\_ (age: \_\_\_\_\_, grade: \_\_\_\_\_) has my/our permission to participate in the Inner Harbor Mission Project in Baltimore, MD sponsored by the Oak Grove Baptist Christians in Action ministry \_\_\_\_\_ (date) from 7 am until 10:30 am. I/we will in no way hold the leaders of the church or other student ministry leadership responsible in the event of an accident. Should there be an accident or injury requiring medical attention, the leader has my/our permission to seek medical attention at the nearest hospital or medical facility at the parents' expense. I also understand that my child may be photographed or videoed for use on the web, videos, or literature for church use.

Home: ( ) \_\_\_\_\_ or Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Church I/we currently attend (if not Oak Grove): \_\_\_\_\_

If you are unable to reach me/us please call: \_\_\_\_\_  
(Name)

At home: ( ) \_\_\_\_\_ or Work: ( ) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy ID#: \_\_\_\_\_  
(If your child is under medical treatment, on medication, has allergies or a physical disability, or other medical problem(s) that we should know about, please describe: \_\_\_\_\_  
\_\_\_\_\_

**STUDENT / PARENT COVENANT**

In the event that the aforementioned child should disregard any of the leadership/Student Ministry Guidelines, the parent will be responsible for the immediate transportation of the child back home.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Items to remember**

1. We are making sandwiches on the Saturday before at 11:30 am in the building two kitchen.
2. This is an outside event...dress appropriately for the weather.
3. Contact Mr. Trey [trey@oakgrovebaptist.com](mailto:trey@oakgrovebaptist.com) or 410-838-9898 ext. 228 for additional information/questions.