

CHRISTMAS CAROLING PERMISSION SLIP

Name _____ (**age:** _____) has my/our permission to leave the church campus to go Christmas caroling. We will leave at 6:00pm and return by 7:45pm.

I/we will in no way hold the leaders of the Oak Grove Baptist Church 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. Our phone number(s) and address are as follows:

Phone : Home #: () _____, Work #: () _____

Cell #: () _____, E-mail Address: _____

Address: _____
(street) (city) (state) (zip)

Church I/we currently attend (if not Oak Grove Baptist): _____

If you are unable to reach me/us please call: _____

(name)

At home: () _____ or work: () _____

Our personal physician's name is : _____ Phone: () _____

Insurance Company: _____, Policy ID #: _____

If your child is under medical treatment, on medication, has allergies or a physical disability, or other medical problems that we should know about, please describe: _____

Parent Signature: _____ Date: _____

PHOTO/VIDEO RELEASE

Many of our events are photographed or video recorded for promotional use on the web or video. Do you permit us to take such videos or photos of your child/youth?

YES

NO