

Event Permission Form

I, being the parent or legal guardian, give my child _____ permission to participate in _____ with Lavonia First Baptist

Church. I give the staff and adult leaders full permission to act in such a way as to ensure the safety of my child, whether in disciplinary form or in response to a medical situation.

- I plan on picking up my child after the event
- I give my child permission to ride home with _____ after event

In case of an emergency, please contact _____

Phone # _____

Any allergy/medical condition information that leaders should be aware of:

Parent/Legal Guardian:(Printed Name) _____

Parent/Legal Guardian: (Signature) _____ Date: _____