

**ACTIVITY PERMISSION SLIP FOR
FIRST BAPTIST CHURCH OF LODI**
267 N. Mills Ave. Lodi, Ca 95242 (209) 334-1332

NAME OF CHILD _____ AGE _____

NAME OF PARENTS OR LEGAL GUARDIANS _____

HOME PHONE _____ WORK PHONE _____ PAGER _____

ADDRESS _____

STREET

CITY & STATE

ZIP

In the event of an emergency, if the above people are not available, please contact:

NAME _____ RELATIONSHIP _____ PHONE _____

MY INSURANCE CO. _____ POLICY # _____

NAME OF INSURED _____ GROUP # _____

In the case of emergency, I understand that every effort will be made to contact me. If I cannot be reached I hereby give First Baptist Church of Lodi and anyone acting for the church permission to act in my behalf in seeking emergency treatment for my child. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care should it become necessary. This authorization is given pursuant to the provisions of Section 25.8 or the Civil code of California.

I absolve First Baptist Church of Lodi and any other parties action for the church from liability in acting on my behalf in this regard.

Should it be necessary for my child to return home from this activity due to medical reasons or disciplinary actions the undersigned shall assume all transportation expenses.

Signature of Parent/Guardian

Date