Permission Slip High Peak Baptist Church

To be filled out by parent or guardian for all activities that are away from church property.

Name of Child/Children:		
Parents Name:		
Address (Street, City, State and Zi	p):	
Phone Number Where You Can Bo	e Reached:	
Emergency Contact if above cannot	ot be reached: (Name and Numl	ber)
Date and Description of Trip:		
Church on the dates listed above.	I also understand that if for any lassume responsibility for getting	the above mentioned trip with High Peak Baptist y major disciplinary problems that require that ng him/her home. I am the legal guardian for
Printed Name:	Signed:	Date:
To be filled out by parent o	High Peak Baptist (or guardian for all activi	Church ities that are away from church
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