



# PARENTAL PERMISSION FORM

## PART I

**CENTRAL BAPTIST CHURCH POLICY STATEMENT:** Children and/or teenagers participating in church activities that involve traveling extensively, traveling outside of the greater metropolitan area, or being away from home overnight are to be provided with “Parental Permission Forms” that must be signed and returned to the leader of the sponsoring class or church organization before the activity. The use of the “Parental Permission Form” represents a good-faith effort on the part of the church to keep parents fully informed and to provide the proper care for the children and/or teenagers.

### INFORMATION FOR THE PARENT OR GUARDIAN TO KEEP

1. Type of activity: **Youth Fellowship-Movies and Pizza, Friday, Dec 6<sup>th</sup>**
2. Time and place of activity: **Meet in Student Center at 4:15pm – event will end at 8:30pm**
3. What the child/teen will need: **\$10/per person for ticket – Payment is due by Dec 6th**
4. Mode of transportation: **Church Van**
5. In the event of an emergency that makes it necessary to contact a child or teen while the group is away, parents may contact the **Ben Hale, Student Minister at 706-977-0197.**
6. The information above, and any additional information about the activity, is provided by the individual in charge of the group:

**Ben Hale**  
Name of Activity Leader

**706-977-0197**  
Phone

*THE PORTION ABOVE IS TO BE COMPLETED BY THE ACTIVITY LEADER AND GIVEN TO THE PARENTS.*

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# PARENTAL PERMISSION FORM

## PART II

\_\_\_\_\_ has my permission to participate in  
(name of participant)  
**Movies and Pizza – Friday, Dec 6<sup>th</sup>** \_\_\_\_\_ sponsored by **CENTRAL BAPTIST CHURCH.**  
(name or type of activity)

I have read the accompanying information about the activity. In the event of an emergency, I may be reached at

\_\_\_\_\_ (home phone)      \_\_\_\_\_ (business phone)      \_\_\_\_\_ (cell phone)

I grant my permission for emergency medical treatment to be administered if such treatment becomes necessary and I cannot be reached.

\_\_\_\_\_ Date      \_\_\_\_\_ Signature of Parent or Guardian

