

Children's Ministry Permission Form

Name of Trip/Activity	
Date	

(Please list several contact numbers in case of emergency)

Child's Name		Date of Birth
Father Name	Mother Name	Other Contact
Home Phone	Home Phone	Home Phone
Other Phone	Other Phone	Other Phone

I hereby give permission for my above named son/daughter to travel and participate in the above named ministry activity sponsored by Wellford Baptist Church.

I hereby release Wellford Baptist Church, its staff, volunteers, and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity, knowing that the physical, emotional, and spiritual well-being of all children is their highest priority.

In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to medical treatment and/or hospital care advised and supervised by licensed doctors and medical personnel. I expect to be contacted as soon as possible.

Signature of Parent/Guardian

Date _____

For more information, call Pam Staggs at (864) 439-8741.



235 Syphrit Road, Wellford SC 29385