



PERMISSION SLIP

Parkway Baptist Church

P.O. Box 10104

1501 Southwest Parkway

College Station, TX 77842

Phone: 979-693-4701

PERMISSION SLIP FOR MINORS TO PARTICIPATE IN SPECIAL CHURCH ACTIVITIES

_____ (*Give minor child's full name*)

has my permission to participate in the _____ (*Name of Event*)

which will be held at _____ (*Give place activity*)

during the time period of, _____ (*List Active Dates*).

It is my understanding that adult leadership from Parkway Baptist Church will properly supervise this activity. If Parkway is providing transportation to an event, it is my understanding that my child will be provided transportation in the Parkway Baptist Church van or in the vehicle of an adult Parkway Baptist church member. I have turned in a Parkway Minor Registration and Medical Release/Wavier Form for my child, which has been signed by me and is on file with Parkway Baptist Church. In case of an emergency during the dates of the above activity, I can be reached at:

Home: _____ Work: _____ Cell: _____

Other: _____

(Signature of Parent or Guardian)

(Date)