

**Salem Sayers Baptist Church/Academy**  
**P.O. Box 777 \* 5212 FM 1628**  
**Adkins, TX 78101 (210)649-2153/1178**

**PERMISSION SLIP**

Name: \_\_\_\_\_ School Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I give permission for \_\_\_\_\_ to attend this Church/Academy-sponsored function and participate in all of the activities. I understand that this function is voluntary and that non-participation will not harm my child's class standing. In giving my permission, I hereby release, indemnify, and agree to hold harmless Church/Academy, its Board, officers, employees, members, agents, servants, and sponsors from liability for any claim, demand, or cause of action arising out of, resulting from, caused by, occurring during, or in any way connected with, the following described Church/Academy-sponsored function:

Date(s): \_\_\_\_\_

Destination: \_\_\_\_\_

Activities: \_\_\_\_\_

Purpose: \_\_\_\_\_

Departure From: \_\_\_\_\_ Date: \_\_\_\_\_

Return To: \_\_\_\_\_ Date: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Vehicle Operators:  
(Staff, Volunteers, Hired Drivers) \_\_\_\_\_

Chaperones:  
(Staff, Parents) \_\_\_\_\_

I understand that my child must strictly adhere to all the rules, regulations, and instructions pertaining to his/her safety and protection and that failure to comply could exclude my child from participation in the activities of the function.

I understand that the Church/Academy cannot guarantee the safety of my child and cannot assume the responsibility for spontaneous, unforeseeable injuries that could not have been prevented through the exercise of reasonable care.

I am providing the following medical information that is to be kept confidential unless it is medically necessary to divulge the information:

My child has the following allergies: \_\_\_\_\_

My child has adverse reactions to the following medications: \_\_\_\_\_

My child has the following medical conditions: \_\_\_\_\_

My child is taking the following medications (include times of day taken and dosage level): \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Telephone number in case of emergency: \_\_\_\_\_

\_\_\_\_\_  
Signature (Parent or Legal Guardian)