

Permission to Participate
2013 – 2014
Enrollment & Emergency Contact Information



My Child, _____ has permission to participate
in Youth Ministry Off Campus events sponsored by
(Event)
MVBC Youth Ministry 6-12 Grade during the July, 2013 – June, 2014 year.
(Organization and Grade)

DETAILS:

Will be provided by the leaders of the organizations for each trip.

SUPERVISION PROVIDED BY:

Youth Ministry Leaders

TRAVEL BY:

(Please mark travel method(s) you approve of for your child)

Personal Vehicle Church Bus Other _____

BRING:

Instructions on what you would need to bring will be provided
with the notifications sent out for each trip.

If you have questions, please call your child's leaders.

I (We) give permission for my son/daughter to attend and participate in events with the MVBC Youth Ministry and receive medical treatment if necessary; every effort will be made to contact me in an emergency. However, if I cannot be reached, I give permission to the staff of Mount Vernon Baptist Church's Youth Ministry program to secure the services of a licensed physician to provide the care necessary, including anesthesia and injections, for my child's well-being. This form may be photocopied for use off-site.

Please list any medical allergies, medication being taken, medical problems, or any other pertinent information regarding your child:

Parent's Signature

Date

Emergency Phone Numbers:

(Individual)

(Phone Number)

(Individual)

(Phone Number)