

Student Ministry Permission Slip

Student Name: _____

Event Date: _____

Event Time(s): _____

Event Name: _____

Event Specifics: _____

Parent: I give permission to GABC to include my student in pictures, videos and/or other media to be used for Multi-Media purposes for GABC. I give my authority and consent to Green Acres Baptist Church sponsors/leadership to seek a doctor or qualified person to provide emergency medical treatment to the child named in the event he/she is ill or injured while participating or traveling to and from this activity. I, the undersigned parent/guardian of the named child who is a minor, do release, acquit, discharge and covenant to hold harmless Green Acres Baptist Church, 1607 Troup Hwy Tyler, Texas, its sponsors and representatives from any and all actions, causes of actions, damages and/or liabilities arising from the medical treatment of any sickness or injuries from accident incurred by my child during this activity.

Parent/Guardian Signature: _____

Today's Date: _____

(Valid for one year after the date of the event)

 **ONE TEN** STUDENT MINISTRY
Green Acres Baptist Church / Tyler, Texas