Tabernacle Baptist Church

5356 Pearces Road • Zebulon, NC 27597

919-729-1170 • www.tbaptistch.com

www.facebook.com/tbaptistch • www.instagram.com/_tbaptistch/

Dear Parents and/or Guardian:

Please *COMPLETE* and *RETURN* to *Authorized Group Leader*. Thank you.

I. I give _____ permission to attend *Back To School Party –Rolesville Park*
NAME OF CHILD ACTIVITY

on *August 17, 2019* with *Children's Ministry*.
DATE GROUP NAME

II. _____ has my permission to ride Tabernacle Baptist Church provided vehicles.
NAME OF CHILD
(Please fill out if it applies to activity)

III. I authorize *Debbie Dolbeck* to medically treat my child
AUTHORIZED GROUP LEADER NAME (S)
in the event medical treatment is needed.

IV. I agree to the rules set forth by the Tabernacle Baptist Church for this activity, and agree that if transportation home is required for my child for disciplinary reasons that it will be at my expense.

V. I understand that all safety precautions will be taken at all times by the leaders during all events and activities. I understand the possibility of unforeseen hazards and risk and agree not to hold Tabernacle Baptist Church, it's leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my child.

Child's Name: _____ Child's Age: _____

Parent or Guardian Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone Number: (Home) _____

(Work) _____

(Cell) _____

Signature: _____

If you have any questions please feel free to give us a call at (919) 729-1170

Childs Name:

_____

(Please turn this sheet into Authorized Group Leader upon dropping of Child(ren).

- **PLEASE LIST ANY MEDICINE YOUR CHILD NEEDS TO TAKE AND THE TIMES:**

Name of Med. _____

Time needed to take: _____

Name of Med. _____

Time needed to take: _____

Name of Med. _____

Time needed to take: _____

Name of Med. _____

Time needed to take: _____

- **PLEASE LIST ANY MEDICINE THAT YOUR CHILD IS ALLERGIC TO**

  (INCLUDE: TYLENOL, ADVIL, IBUPRFEN, ECT.)

_____

_____

_____

_____

- **PLEASE LIST ANY FOOD ALLERGIES**

_____

_____

_____

_____

- **CONTACT # FOR EMERGENCIES:**

NAME: _____

CONTACT #: _____