



# Tabernacle Baptist Church

5356 Pearces Road • Zebulon, NC 27597

919-729-1170 • [www.tbaptistch.com](http://www.tbaptistch.com)

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Dear Parents and/or Guardian:

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

I. I give \_\_\_\_\_ permission to attend *Bowling—Buffalo Lanes —Raleigh Field Trip*  
NAME OF CHILD ACTIVITY  
on *January 18, 2020 • 11:00am—2:00pm* 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 #: \_\_\_\_\_