First Macedonia Missionary Baptist Church, Inc.

411 East Charlotte Avenue
Punta Gorda, FL 33950
Telephone: (941) 637-7743 Fax: (941) 637-0846

Reverend Dr. Carl F. Brooks, Pastor

PERMISSION SLIP & APPLICATION

We, the undersigned, hereby give my/our full consent and approval for (child's name) _____ to attend the Hallelujah Night activities (THIS INCLUDES A BOUNCE HOUSE) , October 31, 2025. Time: 5:00pm - 7:30pm.

It is understood we will be under the supervision of First Macedonia during this time. We hereby acknowledge that we have been advised and understand that there is no liability or responsibility assumed by First Macedonia M. B. Church and or Macedonia Human Services for these events and that attendance is voluntary. We do recognize that all normal precautions and actions will be taken to provide normal and reasonable safety protection during this event.

We hereby give our consent for our son/daughter to be treated by a licensed physician if the need arises and we will assume all responsibility and expenses. We also agree that our son/daughter understands and agrees to abide by all rules and regulations governing these activities. We also release First Macedonia Missionary Baptist Church and or Macedonia Human Services from any liability whatsoever. The owner is also absolved from any liabilities.

Reverend Dr. Carl F. Brooks
Reverend Dr. Carl F. Brooks, Pastor

Elder & Reverend Franco
Elder & Reverend Franco, Directors
Youth & Children Ministry

Parent/Guardian's Signature _____ Date:_____

Emergency contact person: _____ Telephone: _____

Any medical alerts: _____

Medication/allergies:_____

Please sign permission slip and return.