

# Consent to Travel

**RURAL SHADE BAPTIST CHURCH**  
3304 County Road 2274,  
Cleveland, Texas 77327

**281.592.6331 (Office)**  
**281.917.4638 (Cell)**

I hereby give my consent for \_\_\_\_\_  
*STUDENT NAME*

To travel to and participate in any **RURAL SHADE BAPTIST CHURCH**  
**STUDENT MINISTRY EVENT.**

By giving consent, I hereby release RURAL SHADE BAPTIST CHURCH  
and its VOLUNTEERS from any liability. I also give my consent to the  
director or properly appointed staff member to administer or secure any  
emergency medical treatment for the above-named child.

Signature of Parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **EMERGENCY CONTACT INFO:**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE2: \_\_\_\_\_

ALTERNATE NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE2: \_\_\_\_\_