

# Consent to Travel

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

**281.592.6331 (Office)**  
**832.401.5697 (Jess Key Cell)**  
**832.881.0676 (Al Key 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: \_\_\_\_\_