



2051 Henderson Mill Road ☞ Covington, GA 30014 ☞ (770) 786-1253
www.macedoniacovington.org

Youth Permission Slip

Please read this slip carefully, fill out completely, sign and return by day of activity. Your child / children MUST have a signed permission slip in order to attend.

Thank you!

Parent Name 1: _____	Parent 1 Phone: _____
Parent Name 2: _____	Parent 2 Phone: _____
Youth Name 1: _____	Youth 1 Age: _____
Youth Name 2: _____	Youth 2 Age: _____
Youth Name 3: _____	Youth 3 Age: _____
Youth Name 4: _____	Youth 4 Age: _____
Address: _____	

I, _____ as parent/guardian of the above named child(ren), give him/her permission to participate in the activities of **Macedonia Missionary Baptist Church** at **Spring Lock-In 2019**. I release the church and its representatives from any liability in the event of an accident enroute, during, or returning from the activity. I also authorize them to obtain any emergency medical attention that may be required during my child's attendance.

Signed: _____ Date: _____

Special Medical Needs

Are there any specific or special medical needs that we should be aware of for your child? Please list them below along with any information that could be helpful. If you should need more space please write on the back of this form.

Thank you.

Child Name: _____	Medications: _____
Allergies: _____	
Child Name: _____	Medications: _____
Allergies: _____	
Child Name: _____	Medications: _____
Allergies: _____	