**HPBC EVENT PERMISSION SLIP**

Harlan Park Baptist Church/1895 Dave Ward Drive/Conway, AR 72034/Office: (501)327-6015

If not answer, leave a message and we will return your call ASAP.

**Event: Community Nursing Home Connection**

**Date: Wednesday, March 27, 2019**

**Schedule: Meal @ 5:45 p.m. @ HPBC Fellowship Hall**

**Depart HPBC @ 6:30 p.m.**

**Return to HPBC @ 7:45 p.m.**

**Cost: No cost! Snack supper provided for all!**

**Register: Permission slip is REQUIRED for every child and youth.**

**Forms available @ HPBC on Sunday and Wednesday.**

**Children and Youth return forms to Morgan Davis @ 817.578.6042.**

Event Summary:

Children, youth and adults will gather at HPBC Fellowship Hall for Snack Supper @ 5:45 p.m.

Our group will depart the church in HPBC bus for activity and return to HPBC for pickup at 7:45 p.m. Students will call parent(s) if we are to arrive home early or late.

All children and youth must travel with the group, ride the bus, and stay with the group at all times. No students will be allowed outside the designated event area. If you need to contact our group during the event, please contact Morgan Davis at number above, Karlee Pense @ 479.301.4247 or Pastor Gary @ 501.269.5536.

*Please keep top of permission slip for your information.*

*Return bottom portion with your signature and emergency contact information.*

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As a parent/legal guardian of , I have reviewed the information about the above event and give permission for my child to be involved in this activity. I understand all reasonable safety precautions will be taken at all times by HPBC and its agents during this event. If I am not able to be reached during an emergency, I authorize any treatment by an accredited hospital and/or physician deemed necessary for my child. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold HPBC, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my child.

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Grade: \_\_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency telephone # for parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health/Med. Ins. Co. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please list any allergies and/or medical conditions your child may have and/or any prescription medication(s) being taken we should be aware of. Use back if necessary.*

***Permission slip is required for each child.***