

Children's Ministries Permission Release Form

Child's Name : _____ Phone # ____-____-_____

Address : _____

I give permission for my child listed above, to join **the other boys & leaders**, of the **Stockade Program**, to attend the **Police Station Field Trip**, @ the **Police Station in Burnsville**, on **Wednesday, Feb 22, 2012** from **7:00 PM to 8:00 PM**.

(Transportation to & from the station will be provided by the Stockade Leaders)



I understand that the staff member or adult in charge is authorized to solicit medical care in the best interest of my child in case of an emergency arising during the course of my child's attendance at the above listed function. I further understand that my medical insurance coverage or other applicable insurance coverage will be the primary coverage for the protection of my child and that any coverage provided by Berean Baptist will be secondary coverage.

- I will be in town & at home during the evening & night. I can be reached at home @ ____ - ____ - ____
Cell ____ - ____ - ____ (Optional)

_____/____/____ Em # ____-____-_____

Signature of Parent or Guardian