

**KINGDOM BAPTIST CHURCH**

1717 Stafford Avenue  
Fredericksburg, VA 22401  
540/368-8050

**TRIP PERMISSION SLIP**

I give permission for my son/daughter (name) \_\_\_\_\_ to participate with Kingdom Baptist Church on a trip to (location) \_\_\_\_\_ on the date of (mm/dd/yy) \_\_\_\_\_. I assume full responsibility for my child and will not hold Kingdom Baptist Church or any of its chaperones liable for any accident that may occur.

Please list any food allergies:

Please list any allergies to medications:

Please list any medications your child is currently taking:

Please list any physical limitations your child may have:

Please list any additional remarks:

During this activity, I can be reached at:

Location:

Phone:

Alternate Phone:

In the event of an emergency and I cannot be reached, the following person is authorized to act on my behalf:

Name:

Address:

Phone:

Alternate Phone:

Relationship to child:

Signature of parent/guardian \_\_\_\_\_

Date: \_\_\_\_\_

*\*\*By signing this form, I declare that I am the legal parent or guardian of the minor child listed above and that I am authorized to grant such permission.*