

**Permission to be Transported by Crosspointe Baptist Church**

550 Worthington Rd. / Owensboro, Ky / 689-9488

Child Name \_\_\_\_\_ Child Name \_\_\_\_\_

Child Name \_\_\_\_\_ Child Name \_\_\_\_\_

My permission is granted for the adult volunteer in charge to obtain necessary medical attention in case of sickness or injury to my child. We further authorize any health care provider to administer any immediate medical treatment that is necessary.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and Crosspointe Baptist Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while traveling or participating in Wednesday and/or Sunday evening Bible study.

Parent Name (printed) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_