



PERMISSION SLIP

**Parkway Baptist Church
1501 Southwest Parkway
College Station, TX 77840
Phone: 979-693-4701**

PERMISSION SLIP FOR MINORS TO PARTICIPATE IN SPECIAL CHURCH ACTIVITIES

_____ (*minor child's full name*)

has my permission to participate in the _____

which will be held at _____

during the time period of _____

It is my understanding that adult leadership from Parkway Baptist Church will supervise this activity. If Parkway is providing transportation to an event, it is my understanding that my child will be provided transportation in the Parkway Baptist Church van or in the vehicle of an adult Parkway Baptist church member. I have turned in a *Medical Release/Parental Consent Form* for my child, which has been signed by me and is on file with Parkway Baptist Church.

In case of emergency during the dates of the above activity, I can be reached at:

Primary # _____

Alternate # _____

Parent/Legal Guardian Name

Signature of Parent/Legal Guardian

Date