

**Sept. '09 – Aug. '10**

Tomahawk Baptist Church  
12920 Hull Street Road  
Midlothian, VA 23112  
(804) 744-2044

I give my permission for \_\_\_\_\_ to go with Tomahawk Baptist Church on planned trips or activities in the year \_\_\_\_\_. I understand there will be adequate supervision. I authorize church leaders to seek emergency medical treatment as required.

In the event my child needs medical attention, I can be reached at:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Pager) \_\_\_\_\_

I also agree that I will not hold the driver of the vehicle in which the above named travels responsible for any accident or injury that might occur while he/she is a passenger in that vehicle.

Please list any health information that you feel would be helpful: (ie. allergies, reaction to bee bites, reaction to medications, any medications being taken, etc.)

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Signed: \_\_\_\_\_ (parent or guardian)

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

Name of Insurance Carrier: \_\_\_\_\_

Subscribers Name: \_\_\_\_\_

Policy and Group Number: \_\_\_\_\_