



PERMISSION SLIP Form (If I, the Parent cannot attend)

Name: _____

Today's Date: _____

I, as Parent or Guardian, Give Permission for _____
(Child First and Last Name)

To Attend:

Event Time:	_____
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1. Mode of Transportation: **VAN or BUS**
2. Child will leave from: **1206 Evans Street Greenville, NC 27834**
3. Child will return: **1206 Evans Street Greenville, NC 27834**
4. **Person in Charge: Pastor Rodney Coles Sr (252)717-9600**

Description of Activity

Parental Approval

YES

NO

Child has permission to attend Event

Student has permission to travel via **VAN or BUS**

Student has permission to travel with the Crossing the Bridge Mentor to:

I understand that my child will be obliged to abide by the Rules and by the Code of Discipline while participating in this field trip/program.

In the event of serious illness or injury to my child, I expressly consent to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable.

Further, I authorize **Rev. Dr Rodney Coles Sr.**) to act on my behalf as parent of my child while participating in the above described field trip/program.

I have read this Permission Slip and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Parent's/Guardian's Signature _____

Relationship to Minor _____

Address _____

Street

Apt. #

City

State

Zip Code

Home Telephone # _____

Work Telephone # _____

Alt Telephone # _____

Emergency Contact (other than yourself) _____

Emergency Telephone Number _____