

**Walton Road Baptist Church**  
2001 SE Walton Road, Port St. Lucie, FL 34952

**Permission Slip And Medical Release**

**Section I. Parental Permission**

I hereby give permission for \_\_\_\_\_ to go with the Walton Road Baptist Church, Florida on \_\_\_\_\_ (Date) to \_\_\_\_\_ (Event).

**Section II. Medical Information**

Does your child have any allergies, reactions to medications, medications they are not to be given, or any other medical disorder which might be necessary to know for medical attention? If so, what are they?

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**Section III. Medical Permission** (if parents cannot be contacted)

I hereby give permission for the above named to receive medical treatment when the named youth is presented to a medical facility or doctor for treatment, accompanied by one of the adult counselors on this trip. My insurance information is:

\_\_\_\_\_  
(Name of Insurance)

\_\_\_\_\_  
(Account Number)

**Section IV. Emergency Numbers**

In case of an emergency, please contact us at one of the following numbers:

Mother \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Father \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

\_\_\_\_\_  
(Parent's Signature)

**Section V. Conduct Pledge**

I promise to conduct myself at all times in a Christian manner and to obey the counselors promptly and cheerfully. I will respect the person and property of others and will do nothing that would endanger either.

\_\_\_\_\_  
(Youth's Signature)