



**2009 WORLD CHANGERS
CHICAGO, IL
JULY 3RD-12TH
PERMISSION FORM**

**AS THE PARENT(S)/ LEGAL GUARDIAN OF _____
I/WE AGREE THAT OUR CHILD IS PERMITTED TO GO TO "CHICAGO" WITH
THE ONEBO STUDENT MINISTRY OF CROSSROADS BAPTIST CHURCH FROM
JULY 3RD THROUGH JULY 12TH.**

**I/WE UNDERSTAND ALL REASONABLE SAFETY PRECAUTIONS WILL BE TAKEN
AT ALL TIMES AND THAT PROPER ADULT SUPERVISION WILL BE PRESENT
FOR OUR CHILD. IN THE EVENT THAT OUR CHILD NEEDS PROPER MEDICAL
CARE AND WE ARE UNABLE TO BE CONTACTED, WE AUTHORIZE THE
PERTINENT ADULT LEADERS AND STAFF OF THE ONEBO STUDENT
MINISTRY TO GIVE PERMISSION FOR THE TREATMENT OF OUR CHILD.**

PARENT/ GUARDIAN NAME (PLEASE PRINT)

STUDENT NAME

PARENT/ GUARDIAN SIGNATURE

DATE

ADDRESS/ CITY/ ZIP CODE

PHONE# (HOME)

(WORK)

(CELL)

HEALTH/ MED. INS. CO.

POLICY NUMBER

**PLEASE LIST IN THE SPACE ABOVE, ANY AND ALL ALLERGIES OR OTHER
PERTINENT MEDICAL INFORMATION. PLEASE UTILIZE THE BACK OF THIS
PAGE IF NECESSARY.**