

Children's Ministries Permission Release Form

Child's Name : _____ Phone # ____-____-_____

Address : _____

I give permission for my child listed above, to join **the other boys & leaders**, of the **Stockade Program**, to attend the **Police Station Field Trip, @ the Police Station in Burnsville, on Wednesday, November 11th**, from **7:00 PM to 8:00 PM**.

(Transportation to & from the station will be provided by the Stockade Leaders)

I understand that the group will be led through the station by a Burnsville Police Officer who attends Berean, explaining the facility from a Christian perspective.



I understand that the staff member or adult in charge is authorized to solicit medical care in the best interest of my child in case of an emergency arising during the course of my child's attendance at the above listed function. I further understand that my medical insurance coverage or other applicable insurance coverage will be the primary coverage for the protection of my child and that any coverage provided by Berean Baptist will be secondary coverage.

- I will be in town & at home during the evening & night. I can be reached at home @ ____ - ____ - _____
Cell ____ - ____ - _____ (Optional)

_____/____/____ Em # ____-____-_____

Signature of Parent or Guardian

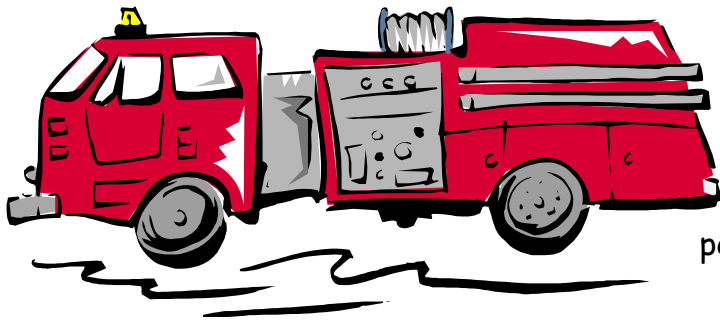
Children's Ministries Permission Release Form

Child's Name : _____ Phone # _____ - _____ - _____

Address : _____

I give permission for my child listed above, to join the other boys & leaders, of the Stockade Program, to attend the Fire Station Field Trip, @ the Fire Station in Burnsville (behind Target), on November 18th, from 7:00 PM to 8:00 PM.

(Transportation to & from the station will be provided by the Stockade Leaders)



I understand that the group will be led through the station by a Burnsville Police Officer who attends Berean, explaining the facility from a Christian perspective.

I understand that the staff member or adult in charge is authorized to solicit medical care in the best interest of my child in case of an emergency arising during the course of my child's attendance at the above listed function. I further understand that my medical insurance coverage or other applicable insurance coverage will be the primary coverage for the protection of my child and that any coverage provided by Berean Baptist will be secondary coverage.

- I will be in town & at home during the evening & night. I can be reached at home @ _____ - _____ - _____
Cell _____ - _____ - _____ (Optional)

_____/_____/____ Em # _____ - _____ - _____

Signature of Parent or Guardian