

**Small Group – Off Campus Outings**  
**(Valid 08-09 School Year)**

This permission slip allows your student to participate in small group activities that will take place off campus. It will be carried with the leader when the small group is off campus. You will be notified of all activities ahead of time.

The Small Group Leaders for your student's group are:

Name \_\_\_\_\_ Contact \_\_\_\_\_

Name \_\_\_\_\_ Contact \_\_\_\_\_

.....  
STUDENT NAME \_\_\_\_\_

I HEREBY AUTHORIZE THE PARTICIPATION OF THE ABOVE NAMED STUDENT IN THE ACTIVITIES PROVIDED BY HIGHLAND PARK BAPTIST CHURCH. I HEREBY, RELEASE AND HOLD HARMLESS HPBC, ITS OFFICERS, EMPLOYEES, AGENTS AND MEMBERS OF THE BOARD FROM ALL CLAIMS AND CAUSES OF ACTION BY REASON OF ANY INJURY WHICH MAY BE SUSTAINED AS A RESULT OF THESE ACTIVITIES, WHETHER ON CHURCH PREMISES OR ON THE WAY TO OR FROM THESE ACTIVITIES. I AGREE TO DIRECT MY CHILD TO COOPERATE AND TO CONFORM WITH DIRECTIONS AND INSTRUCTIONS OF PERSONNEL OF THE ORGANIZATION IN CHARGE OF THESE ACTIVITIES. I ALSO UNDERSTAND THAT IF MY CHILD FAILS TO ABIDE BY THE STATED RULES, HE/SHE MAY BE SENT HOME AT MY EXPENSE.

I HEREBY GIVE MY PERMISSION TO THE PHYSICIAN, NURSE OR DENTIST SELECTED BY HPBC TO SELECT MEDICAL OR DENTAL AID FOR ILLNESS OR INJURY UNDER PHYSICIANS ORDER INCLUDING TRANSPORTATION TO AND FROM NECESSARY FACILITIES. AS A PARTICIPANT, I UNDERSTAND THAT HPBC IS NOT OBLIGATED TO CARRY ANY INSURANCE TO COVER THOSE MEDICAL OR DENTAL EXPENSES.

PARENT OR LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_ POLICY NO. \_\_\_\_\_

ALTERNATE CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_