

**Silverton First Baptist Church
Parental Release Form**

I hereby give permission for _____
to attend the Silverton First Baptist Youth Ministry Event
_____ and participate in its activities.

I also give permission for emergency medical treatment to be
administered to my child, and for medical treatment decisions to be
made by the youth leaders on this event. I understand that attempts
will be made to contact me in the event of an emergency. I also
hold harmless Silverton First Baptist Church and the staff and
leaders involved in this event.

Date: _____

Parent/Guardian Signature: _____

Home Phone #: _____

Cell Phone #: _____

Parent/Guardian Name(s): _____

Relationship(s) to Student: _____

Medical Insurance Company: _____

ID/Group #: _____

**Silverton First Baptist Church
229 Westfield St.
Silverton, OR 97381
(503) 873-6181**

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