

**PARENTAL PERMISSION FORM
KETTERING BAPTIST CHURCH**

**1 Kettering Dr.
Kettering, Maryland 20774**

**This is to certify that _____
has my permission to attend the VBS field trips at Kettering Baptist Church on
Monday, June 27, 2016 thru Friday, July 1, 2016 during the day. I understand
there will be sufficient adult supervision for each field trip. Transportation will be
provided.**

**Please complete the insurance information as requested below in the event
there is an accident or injury. Please provide your telephone number and
an emergency name and number in the event you cannot be contacted.**

Signature of parent or guardian

Printed name

Telephone number

Emergency name- print please

Emergency telephone number

Health insurance company

Policy number