

PARENTAL PERMISSION FORM
KETTERING BAPTIST CHURCH (AWANA MISSION)

6909 Crain Highway
Upper Marlboro MD, 20772

This is to certify that _____, has my permission to attend the AWANA Mission Outreach on Wednesday from Kettering Baptist Church. I understand there will be sufficient adult supervision on this mission 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 of Guardian

Printed Name

Telephone Number

Emergency Name - Print Please

Emergency Telephone Number

Health Insurance Company

Policy Number