

**PERMISSION SLIP
- AFFIDAVIT -
MEDICAL RELEASE**

Temple Baptist Church
2501 North Shore Blvd.
Flower Mound, TX. 75028

TO WHOM IT MAY CONCERN:

As a parent and/or guardian, I do herewith authorize permission for my child to travel in the United States under the direct supervision of Greg Hutchinson and all other adult sponsors appointed by the authority of Temple Baptist Church. The party stated will assume the responsibility for my child while travelling to Timberline Baptist Camp. This authority is granted until a reasonable effort can be made to reach me by phone at the number listed below.

Name of teen _____
Dates where permission is intended: June 16, 2008 through June 20, 2008
Address _____
City, State and Zip Code _____
Home Phone _____ Work Phone _____

This release from is completed and signed of my own free will with the sole purpose of authorizing permission for responsibility to Greg Hutchinson in my absence.

Signed _____ Date _____
(parent/legal guardian)

Signed _____ Date _____
(both parents, if possible)