

JOY OF HIS WAY - PERMISSION SLIP

I hereby give permission for _____ to go on the Joy of His Way tour with John and Jean-Marie Jobs and Steve Marshall of the Santa Rosa Christian Church. Permission is also given in case of emergency to the physician selected by the church sponsor, to hospitalize and secure proper treatment for my child as named above for February 23 & 24; March 23-29, 2008.

DATED _____ SIGNED _____

Hospitalization Insurance Information

COMPANY _____
(Name of Insurance)

CARRIER _____
(Group or Individual Policy)

POLICY NUMBER _____

HOME ADDRESS _____

HOME TELEPHONE NUMBER _____

FATHER'S WORK PHONE _____

MOTHER'S WORK PHONE _____

If you have a card indicating the above information, please photocopy both front and back of the card and attach it to this permission slip.

Please let us know if there are any medical problems, allergies, etc., that we should know about. Also, let us know if your child needs any kind of medication.