

**“CINCINNATI-DAYTON-INDIANAPOLIS DISTRICT: MOVING FROM
EFFECTIVENESS TO GREATNESS”**

Annual District Conference/Sunday School Convention/Youth Expo/
Leadership Training Conference
February 19-20, 2010
Breeding Tabernacle C.M.E. Church
3670 N. Leland Avenue
Indianapolis, Indiana 46218
Rev. A.C. McClendon, Jr., Pastor
(317) 547-1721

PERMISSION SLIP/MEDICAL AUTHORIZATION

(Please type or print clearly)

Child/Youth Name _____ Age _____
Address _____ City _____ State _____ Zip _____
Telephone/Home () _____ Other () _____

Pastor _____ Local Church _____
Address _____ City _____ State _____ Zip _____
Local Church Director of Christian Education _____

I hereby acknowledge that I, parent and/or guardian of the above minor child, has given permission for my child(ren) named above to participate in the Sunday School Convention/Youth Expo sponsored by the Cincinnati-Dayton-Indianapolis District of the Christian Methodist Episcopal Church, and I hereby acknowledge that **I will not hold the Cincinnati-Dayton-Indianapolis District, Breeding Tabernacle C.M.E. Church, the C.M.E. Church or the location for which this event is being held, liable for any injury that may occur as a result of this event.**

Does your child have any known illnesses? Yes____ No____. If yes, please describe said illness and any medications needed: _____

I further hereby give permission to Cincinnati-Dayton-Indianapolis District, Breeding Tabernacle C.M.E. Church, the facility which this event is being hosted and the C.M.E. Church to administer any necessary medical treatment needed during this event.

I hereby certify that I have read the above authorization and the same is true and correct.

Dated: _____

Parent (Guardian) Signature

(A Separate Form Needed For Each Individual Child)