

## *Student Permission Slip*

Your student has the opportunity to attend a Christian Released Time Bible education course this year! Once a week your student will be transported off site with trained, background-checked volunteers to the Exodus Program location (Church on Fire) where they will learn and read a Bible lesson, have an activity, and pray. Each week is fun and a little different. No instructional time is lost. The Exodus Program is privately funded through churches and personal donations. This program is not indoctrination but Bible-based Character education.

I give permission for my student, \_\_\_\_\_, to attend Exodus Program and be transported off-site this year!

School \_\_\_\_\_ Grade \_\_\_\_\_ School Teacher \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Email \_\_\_\_\_

Parent Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Select ONE: Any photos or video taken of my student { } MAY or { } MAY NOT be used for publication by Exodus Program and School Ministries.

Please explain any medical, physical, or behavior diagnoses that would help volunteers prepare for your student \_\_\_\_\_

{ } By checking this, I authorize the school district to release my student's medical records to Exodus Program.

{ } YES or { } NO In case of a medical emergency, I consent to any medical care determined by a physician to be necessary for the welfare of my student while under the care of Exodus Program and I am not reasonably available by phone to give consent.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

{ } I would like to provide special treats and supplies this year.

{ } I would like to donate funds to make the program possible

Website: mycfm.org

Email: l.tidwell@mycfm.org