



Oakleaf Baptist Church Student Ministry

Events Permission Form

Effective Date: _____

STUDENT INFORMATION

Name _____ Grade _____ DOB _____

Male/Female

Primary Ad-

dress: _____

Any Health is-

sues: _____

PARENT/ GUARDIAN INFORMATION

Name(s)

Email(s)

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

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(904) 214-9066 Info@Oakleafbaptist.org