First Baptist Church of Flagler Beach

Flagler Beach, Florida

Dear Parents of the Youth,

# On Saturday, October 26th, the youth entering 6th grade and up will be going to a Corn Maze at Sykes and Cooper Farms, 5995 Brough Rd Elkton, FL 32033 Phone: 904-692-1370. They need to meet at the church at 7:00 p.m. and be picked up after church at 11 p.m. Deborah Treur will be driving a 15 passenger van. Kevin Treur, Melody Oehmke, and I are the current chaperones. I can be reached on my cell phone at 386-341-9085. If your child brings personal money, they will be responsible for it. Please sign the back page and bring it with you on Saturday. If you forget, I will have extra copies for you on Saturday.

Debbie Treur

Youth Director

First Baptist Church of Flagler Beach

Flagler Beach, Florida

Student(s)/age \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent name printed) give my child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to go to to a Corn Maze at **Sykes and Cooper Farms, 5995 Brough Rd Elkton, FL 32033 Phone: 904-692-1370** with First Baptist Church of Flagler Beach on Oct. 26th . I understand that Debbie Treur, Kevin Treur, and Melody Oehmke will be the chaperones and Deb Treur will be transporting my child(ren) to and fro from the corn maze. In event that my child(ren) would need emergency medical treatment, I give permission for the adults in charge of the group to secure the necessary treatment to protect the life and health of my child. I understand that I will be contacted before any medical treatment is begun, except where a delay in treatment would not be in the best interest of my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent signature) \_\_\_\_\_\_\_\_\_\_ (date)

Special medical information, if any, that should be noted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_