

PERMISSION SLIP TEMPLATE

I _____ give permission for
(Parent/Guardian)
my child _____ to attend and
(Name of Minor)
participate in _____ that is taking
(Description of Event)
place on _____ at _____.
(Date) (Location)

In case of illness or accident, I give permission to have my child evaluated and treated by available medical personnel. I understand a reasonable attempt will be made to notify me in such an event. I also understand that no obligation or responsibility in regard to rendering treatment or medication is assumed or undertaken as a consequence of this activity; notwithstanding, the adults in charge have permission to authorize any medical care, which in their judgment, they deem necessary and to sign any medical forms necessary on my child's behalf. I do hereby release

(Church Name)

and all persons connected therewith from any liability, claim and expense related to any such condition, circumstance or treatment.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Phone # (s) where I can be reached: _____