

**Church of the Beatitudes
United Church of Christ**

Youth Event Permission Slip

On _____, Church of the Beatitudes youth will attend
_____, located at
_____. We will leave at
_____ am/pm and return at _____ am/pm. The cost of this event
for your youth is \$_____. Each participant will need to bring:

_____.

I give my permission for my son/daughter, _____ to drive,
with a chaperone or youth leader to this activity.

In case of injury or sudden illness, I hereby give authority to a representative
of Church of the Beatitudes to authorize any doctor or hospital to render
immediate aid as might be required at the time for his/her safety. It is
understood by me that the expense of this service will be accepted by me.

Parent/Guardian Signature

Date

Emergency Phone

Hospital Preference

Insurance Carrier and ID number