



## Parent Information

Dear Parent,

Pioneer Clubs® at \_\_\_\_\_ (church) is having a special event for club members. In order for your child to attend, please fill out the bottom half of this form and return it by \_\_\_\_\_ (date). Keep the top half so you have information about the events and may contact your child if an emergency arises.

**Event:** \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Adults in charge:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Time:** from \_\_\_\_\_ to \_\_\_\_\_

**Tear off and return bottom portion. Keep the top portion.**

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## Permission Slip

I give my permission for my child, \_\_\_\_\_, (age) \_\_\_\_\_, to take part in the following event:

Event: \_\_\_\_\_ Location(s): \_\_\_\_\_  
Date: \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_

### Emergency Information:

Parent/Guardian \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

### *If parent cannot be reached:*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

My child has the following allergies or medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

Knowing that the adults sponsors will take utmost care of my child's safety, I understand that accidents do occur and that in such situations immediate steps must be taken to secure my child's health. I hereby authorize the staff of \_\_\_\_\_ (church) to seek medical attention for my child should an emergency arise, provided that I will be contacted as soon as possible. Failure to reach me shall not prevent an application of immediate, necessary medical treatment, not excluding injection, anesthesia, or surgery. I further agree that \_\_\_\_\_ (church) shall be held harmless in the event of accident or injury, and, in that regard, I understand and agree that \_\_\_\_\_ (church) disclaims any and all liability in the unlikely event of injuries sustained in connection with this event.

Signed: \_\_\_\_\_