



# Parent Information

Dear Parent,

\_\_\_\_\_ (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 event and may contact your child if an emergency arises.

**Event:** \_\_\_\_\_

**Location(s):** \_\_\_\_\_

**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 adult 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: \_\_\_\_\_