

# Church Events Permission Slip

## Participant Information

Participant Name

Date of Birth

Age

Address

## Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

## Event Details

Event Name

Date

Location

## Medical Information

Allergies or Medical Conditions

Medications

Emergency Contact (if different)

Emergency Contact Phone

**Permission and Release**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_