

# Sunday School Permission Slip

## Student Information

Student Name:

Age:

Grade:

## Parent/Guardian Information

Parent/Guardian Name:

Phone Number:

Email:

## Emergency Contact Information

Emergency Contact Name:

Relationship:

Phone Number:

## Medical Information

Allergies or Special Needs:

Other Notes:

Permission

I authorize my child to participate in Sunday School activities and permit emergency medical care if necessary.

Parent/Guardian Signature:

Date: