

# Youth Group Service Project Permission Slip

Event Name:

Date & Time:

Location:

## Participant Information

Participant Name:

Date of Birth:

Allergies or Medical Conditions:

## Parent/Guardian Contact Information

Parent/Guardian Name:

Phone Number:

Email Address:

## Emergency Contact (if different from above)

Emergency Contact Name:

Relationship:

Phone Number:

## Permission & Medical Authorization

Parent/Guardian Signature:

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Date:

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