

Youth Group Permission Slip

Participant Information

Full Name

Date of Birth

Address

Parent/Guardian Name

Phone Number

Email

Event Information

Event Name

Event Date(s)

Location

Medical Information

Allergies or Medical Conditions

Emergency Contact Name

Emergency Contact Phone

Permission and Release

I give permission for my child to participate in the above youth group event. In case of emergency, I authorize the staff to seek necessary medical treatment.

Parent/Guardian Signature

Date