Felton Presbyterian Church
Growing in Christ

YOUTH PERMISSION SLIP

CONTACT INFORMATION

Youth's Name: _____ Date of Birth: _____

Name or Parent(s) / Guardian(s): _____

Contact Phone Number: _____ Email: _____

Additional Emergency Contact: _____

Contact Phone Number: _____ Relation to Youth: _____

MEDICAL

Health Concerns: _____

Allergies: _____

Current Medications: _____

MEDICAL and ACTIVITY RELEASE

I, _____ as parent/guardian of the above-named child, give permission for my child to participate in the activities of Felton Presbyterian Church's youth program. I release the church and its representatives from any liability in the event of an accident en route, during, or returning from an activity. I also authorize them to obtain any emergency medical attention that may be required during my child's attendance.

Parent / Guardian Signature: _____

Parent / Guardian Name: _____ Today's Date: _____