

Permission Slip for Middle School Fellowship Events

Participant's Name: _____ Birth date: _____

Address: _____

Allergies: _____

Other Medical Conditions or information: _____

I, the parent/guardian of the above named person, give my permission for him/her to participate in _____ on _____. I also give my permission for my child to receive any emergency medical treatment that is deemed necessary in the event I and/or my spouse and/or other parent cannot be contacted through normal efforts.

Signature: _____ Date: _____

Phone Numbers: _____
(Where I can be reached on the day of the event)

Please return this form to Knox prior to the event starting.

Any questions please contact Jenny Hubbard at 630-615-4318 or
E-mail at jhubbard@knoxpres.org