

**First Presbyterian Church  
218 Dunellen Avenue  
Dunellen, NJ 08812  
(732) 968-3844**

**Event Permission Slip**

Event Name:

Event Date:

*Please return this document before the event or give it to a Youth Leader at the event.*

Student's Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number I can be reached at during the event: \_\_\_\_\_

If I can not be reached in the event of an emergency, the following person is authorized to act upon my behalf:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any important medical info we should know? \_\_\_\_\_

\_\_\_\_\_

I give permission for my child to participate in this youth event. This consent form also gives permission to seek whatever medical attention is deemed necessary by a licensed physician, and releases the Church and its staff of any liability against personal losses of named child. I also agree to bring my child home should they become ill or if deemed necessary by the youth advisors.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_