## 

## *INSERT EVENT NAME HERE Insert Youth group Name Insert Parish name*

# Permission Form

|  |  |
| --- | --- |
| Your child’s Youth Group will be attending: | INSERT NAME OF EVENT |

|  |  |  |  |
| --- | --- | --- | --- |
| Date | INSERT DATES | Time | INSERT START AND END TIMES |
| Location | INSERT LOCATION (AND ADDRESS, IF KNOWN) | | |
| Cost | INSERT COSTS | | |
| Transportation | INSERT TRANSPORTATION MEANS | | |
| Notes | INSERT ANY OTHER IMPORTANT INFORMATION PARENTS SHOULD BE AWARE OF | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please return this permission slip by: | | | | | | | | INSERT CUT OFF PERMISSION SLIP MUST BE RETURNED BY | | | | | |
| Leader Contact Details: | | | | | | | | INSERT PRIMARY LEADERS NAME AND CONTACT NO. | | | | | |
| Leader Contact Details: | | | | | | | | INSERT SECONDARY LEADERS NAME AND CONTACT NO. | | | | | |
| Cut this half and keep FYI | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| I give permission for my child | | | | | |  | | | |  | |  |  |
| to attend | | | (INSERT EVENT NAME) | | | | | | on | (INSERT DATE) | | |  |
| from | (INSERT START TIME) | | | | to | | (INSERT END TIME) | | | | | |  |
| In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact: | | | | | | | | | | | | | |
| Name (Primary) | |  | | | | | | | | | Phone |  |  |
| Name (Secondary) | |  | | | | | | | | | Phone |  |  |
| Parent/Guardian Signature | | | |  | | | | | | | Date |  |  |
|  | | | | | | | | | | | | | |