##

## *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 |  |  |
|  |