

First Church of Christ, Congregational UCC

Suffield, CT

Parent or Legal Guardian Permission Slip-

(EVENT: _____ Date: _____ Time: _____)

Student Name: _____ Age: _____

Email: _____

Parents Name(s): _____

Parents Contact Information

Home Phone: _____

Cell Phone: _____

Business Phone: _____

E-Mail: _____

Allergies: _____

Any special needs: _____

It is agreed and understood that my son/daughter may participate and attend the youth group Trip to the above event. Transportation will be in a chaperone's car, or on your own.

I will not hold the First Church of Christ, Congregational, UCC in Suffield, CT or the Connecticut Conference UCC or the chaperones present liable for any accidents or injury incurred during this trip. All participants participate at their own risk.

In case of accident or serious illness, I request the church to contact me. If the church is unable to reach me, I hereby authorize the church to make whatever arrangements seem necessary to secure emergency medical care for my child.

Name (please print)

Signature

Date