

**Children's Ministry Permission Slip**

Student's Name: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

We will make every effort to provide a safe and secure environment for your child during this event. In order to better to protect the safety and health of your child, we request that you provide the following information:

In case of an emergency, we will contact the parent/guardian listed above. If you cannot be reached, the following person is authorized to act on your behalf:

Emergency contact: Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Parent/Student: \_\_\_\_\_

PLEASE INDICATE on the back of this notice: any health conditions, allergies or diet/mental/physical restrictions that your child may have and medications that he/she may be using to treat this condition. You may also include the name of your hospital or doctor and their phone numbers.

My son/daughter \_\_\_\_\_ has permission to participate in (Name of event) \_\_\_\_\_ on \_\_\_\_\_ (Date of activity).

\_\_\_\_\_  
(Parent's Signature) (Date)

(over)

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Medical Information

Health Conditions: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

Dr.: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_