



Life Teen Permission Slip

Name of Student: _____

Address of Student: _____ City: _____ Zip _____

Home Phone Number of Student: _____

ACTIVITY: _____

DATE: _____

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I, _____, give my permission for my son or daughter to attend the above event. If needed for medical reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical personnel. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

Parent/Guardian Signature

Date

In Case of Emergency Please Contact:

Name: _____

Phone: _____

PLEASE RETURN TO: Andrew Prickel, Youth Minister
Holy Family Church
127 Chapel Drive
Syracuse, NY 13219
(315) 488-3139 (ext. 16)