

**First Presbyterian Church  
218 Dunellen Avenue  
Dunellen, NJ 08812  
(732) 968-3844**

**Event Permission Slip**

Event Name:

Event Date:

***Please return this document before the event or give it to a Youth Leader at the event.***

Student's Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent's/Guardian's Name(s): \_\_\_\_\_

Parent's/Guardian's Phone Number(s): \_\_\_\_\_  
*(Please use whichever number you can best be reached at during the event.)*

Parent's/Guardian's Email (optional): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Any important medical info we should know? \_\_\_\_\_

\_\_\_\_\_

I give permission for my child to participate in this youth event. This consent form also gives permission to seek whatever medical attention is deemed necessary by a licensed physician, and releases the Church and its staff and volunteers of any liability against personal losses of named child. I also agree to bring my child home should they become ill or if deemed necessary by the youth leaders.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_