



CENTREVILLE PRESBYTERIAN CHURCH
PERMISSION SLIP

Date: _____

I/We _____, being the parent(s) or
legal guardian(s) of _____, consent and
agree that said son/daughter may participate in Centreville Presbyterian Church's
program: First Friday

Signature: _____ Print name: _____
Parent/Guardian

Child's Name _____ Birthday _____ 'o8 Grade _____

Address: _____ Phone Number: _____
Street City Zip Code

Cell Number: _____ e-mail: _____

Emergency Contact
Name: _____ Phone Number: _____ Relationship: _____

ALLERGIES and MEDICAL INFORMATION

We will be providing a snack during First Friday and playing many active games. Please
list below any allergies or medical conditions that may affect your child's
participation in scheduled activities.

MEDICAL RELEASE

I/We also consent for the Children's Ministries leaders to secure the administration of
medical treatment and/or medication for the above named child. I/We further agree to
the performance of such treatment, anesthetic, and operations as in the opinion of the
attending physician is deemed necessary.

LIST any medication or treatment below that should not be given because of dangerous
reactions:

Signature: _____ Date: _____
Parent/Guardian