



Centreville Presbyterian Church  
2015/2016 Permission Slip

Today's Date:

I being the parent of legal guardian of \_\_\_\_\_, (child's name) consent and agree that my son/daughter may participate in Centreville Presbyterian Church's program: **Fun Fridays**

Child's Name:

Birthday:

Grade:

Graduation Year:

Address:

City:

State:

Zip Code:

Home Number:

Cell Number:

Email:

How did you hear about Fun Friday?

### **ALLERGIES and MEDICAL INFORMATION**

We will be providing a snack during Fun 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:

Parent/Guardian

Please Print Name: