



CENTREVILLE PRESBYTERIAN CHURCH
2015/2016 PERMISSION SLIP

Today's Date: _____

I being the parent or 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: _____
Street City Zip Code

Home Number: _____ Cell Number: _____

E-mail: _____

How did you hear about FF? _____

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: _____