



**CENTREVILLE PRESBYTERIAN CHURCH
PERMISSION SLIP**

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

Child's Name _____ Grade _____

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:

____ (Please Initial) Photo/ Video Release I give permission to use my child's photos/ videos for use on CPC website, Facebook or Instagram for CPC promotion.

Signature: _____ Date: _____
Parent/Guardian

Please print name: _____

