

# First Presbyterian Youth Group Permission Slip For FRIENDS of our Youth

**EVENT** ~ \_\_\_\_\_

Name of Youth (siblings can be put on the same form):

\_\_\_\_\_

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

Age and Grade \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian(s) Mobile Phone Numbers: \_\_\_\_\_

\_\_\_\_\_

Other Family Members or Friends we can contact if you are not available:

\_\_\_\_\_

Does your child have any allergies or special needs we should be aware of?

\_\_\_\_\_

I give my child permission to participate in First Presbyterian Church Youth Group event LISTED ABOVE under the supervision of the First Presbyterian Church Youth Group adult advisors and the Youth Ministry Director:

Signed \_\_\_\_\_ Date \_\_\_\_\_