



St. John's United Church of Christ

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PERMISSION FORM

EVENT INFORMATION

DESTINATION:

DATE OF TRIP:

MEET AT CHURCH: (time)

LEAVE CHURCH: (time)

RETURNING: (date/time)

CHAPERONES:

EMERGENCY CONTACT: (leader cell)

✂ ✂ ✂ **PLEASE KEEP THE ABOVE INFORMATION** ✂ ✂ ✂

CHILD/YOUTH NAME: _____

I hereby grant permission for my son/daughter to participate in (EVENT).

As parent or legal guardian of this child/youth I give consent for my son/daughter to receive first aid care from a participating adult who is trained in first aid. I also authorize any emergency medical treatment by a physician or certified paramedic, if such treatment is deemed necessary.

PARENT OR GUARDIAN SIGNATURE

DATE

EMERGENCY PHONE NUMBER: _____

ALLERGIES:

To Medicines: _____

Other: _____