PERMISSION SLIP TRINITY ASSEMBLY OF GOD - DERRY, NH

GROUP: Renewed Youth Group	PHONE: <u>(603) 434-0408</u>
ACTIVITY:	DATE:
TIME TO MEET:	TIME OF RETURN:
PLACE TO MEET:	PLACE OF RETURN:
COST:	RETURN FORM BY:
WHAT TO BRING:	
I,, hereby give permission for to attend and Parent / Guardian Name Child's Name participate in this event to be held on is, to the best is, to the best On the participate in good health except as noted. Physical problems Trinity Assembly of God should be aware of (if none, state NONE"):	
supervision of Trinity Assembly of God, the for my child's relief. If it is not practice instructions for his/her care, consent is her Consent is also given to any licensed physichild is taken for treatment, for them medications, and to perform surgical preemergency requires for relief of pain and Authorization is also given for such measuragree to reimburse Trinity Assembly of Go child, should any type of medical treatm hospitals, doctors, ambulances, etc. I under any ministry or athletic event, and I herebagents, and volunteer workers from any lia or property that may occur during the course	
Parent / Guardian Signature	Date
Phone number where you can be reached during event:	