

*Church Permission slip Template*

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| ***Participant Name:*** |  | ***Date of Birth:*** |  |
| ***Parent/guardian Name:*** |  | ***Phone No.*** |  |
| ***Event:*** |  | ***Date:*** |  |
| ***Location:*** |  | ***Time:*** |  |
| ***Transportation:*** |  | | |
|  | | | |
| ***Notes:*** | | | |
| We need approximately 30-40 students from all grade levels.  Please return this permission slip to Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_ in room \_\_\_\_\_\_\_\_\_\_\_\_ Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the library, or to your child’s teacher. Space is limited for students in grades \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will be granted on a first-come, first-served basis. | | | |

**Please return this permission slip by: (Date)**

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I give permission for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to participate in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand it is my responsibility to transport my child to and from the parade.

If I cannot be reached during an emergency, I give permission for my child(ren) to received medical treatment. In case of such an emergency, please contact:

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| ***Parent/guardian Name:*** |  | ***Phone No.*** |  |
| ***Parent/guardian Sign:*** |  | ***Date:*** |  |