

# Event

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Date/Time \_\_\_\_\_

Location \_\_\_\_\_

Details \_\_\_\_\_

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Depart from \_\_\_\_\_ Time \_\_\_\_\_ Return to \_\_\_\_\_ Time \_\_\_\_\_

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**Permission Form**

My son/daughter, \_\_\_\_\_, has my permission to attend (name of event) \_\_\_\_\_ at (street location) \_\_\_\_\_ in (town) \_\_\_\_\_ on (day & date) \_\_\_\_\_ at (time) \_\_\_\_\_. In case of a medical emergency, if I cannot be reached, I authorize emergency medical care for my child. Medical Authorization Form must be on file with Youth Leader in order to attend this event.  I have a medical authorization form on file with the Youth Group leader.  I need to complete a medical authorization form for my child (download at [www.theworshipcenterCT.org/youth.html](http://www.theworshipcenterCT.org/youth.html)).

\_\_\_\_\_  
parent signature / print full name

\_\_\_\_\_  
number(s) where I can be reached in case of emergency

Please list below any allergies or other pertinent medical information, in addition to listing them on the medical authorization form kept on file with the youth leader.

Allergies to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication Needed?  
\_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_ Yes \_\_\_\_ No

Any other Important Information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_