

Youth Group Permission Slip

Purpose of Trip: _____

Youth Pastor _____

Youth Name _____ Jr. High High School

Trip Dates: ___/___/___ to ___/___/___

Destination: _____

Staff Leader(s): _____

Departure Site: _____ Departure Time: _____

Return Site: _____ Return Time: _____

Mode of Transportation: *(if necessary)* _____

- I give my permission for my child (named above) to participate in this trip. I further agree that Jubilee Church, its pastoral staff, leaders and any member of Jubilee Church will not be held liable for any accident, illness, trauma or death while my child is on the aforementioned youth event.

I further authorize the "acting leader" of this event to obtain; and hereby authorize any emergency medical treatment for my minor child deemed necessary by a qualified physician or hospital during my absence.

- Pick up of my child will be made by _____

(Signature of Parent/Guardian)

(Date)

Emergency Contact Information

Parent/Legal Guardian: _____ *(print)*

Address: _____
City _____

Phone: _____ Email _____

Secondary Guardian: _____
Relationship _____ Phone _____