

COMMUNITY CHAPEL OF HESSTON

12773 Turkey Farm Rd.

Hesston, PA 16647

Phone: (814) 658-3419

# Community Chapel of Hesston Youth Group Event Permission Slip Form

The Youth Group will be taking an outing to: \_\_\_\_\_

|                       |   |             |  |
|-----------------------|---|-------------|--|
| <i>Date</i>           |   | <i>Time</i> |  |
| <i>Location</i>       |   |             |  |
| <i>Cost</i>           |   |             |  |
| <i>Transportation</i> |   |             |  |
| <i>Notes</i>          | Feel free to bring your friend(s)! Just let us know if you and/or your friends are coming so we can have enough transportation available. |             |  |

Please return this permission slip by: \_\_\_\_\_

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I give permission for my child, \_\_\_\_\_, to go with the Community Chapel of Hesston and to attend the outing to \_\_\_\_\_ on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Enclosed is \$ \_\_\_\_\_ to cover the cost of the trip. (Exact cash or check made payable to the church.)

In case of an emergency, I give permission for my child to receive medical treatment given by the youth leaders, chaperones, and/or medical professionals. In case of such an emergency, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health conditions and/or allergies (if any):

Note(s):