

Event Date: _____
Return Slip by: _____

Holy Communion Lutheran Church
621 Old Fallston Rd, Fallston, MD 21047
(443) 299-6134

Permission Slip

Items 1, 6 and 7 should be completed by the parent or guardian.

Items 2 through 5 should be completed by the organizer(s) of the event.

(1) _____ has my permission to participate in the following child/youth group activity, (2) _____, on _____.

(3) The group will leave from the church at _____ and return at _____.

(4) Chaperons for this event will be: _____

(5) Your child is asked to bring _____

(6) In case of emergency, call _____

(7) In am willing to chaperon/drive if needed: YES NO

Signature of Parent or Guardian

Date