

First United Church of Christ

501 Northampton Street  
Hellertown, PA 18055  
610-838-8811  
**Permission Slip**

I, \_\_\_\_\_ (parent/guardian) give my son/daughter,  
\_\_\_\_\_, born on \_\_\_/\_\_\_/\_\_\_, permission to participate in  
the  
following event: \_\_\_\_\_

I understand in the event medical treatment is required, every effort will be made to contact me  
at

\_\_\_\_\_ (phone number). However if I can not be reached, I  
give

my permission to \_\_\_\_\_, to secure  
the

services of a licensed physician to provide the care necessary, including anesthesia, for my  
child's

well-being. The following allergies, medication or other information may be pertinent to  
treatment.

(please put on back of form)

Furthermore, I hereby release from any liability, First United Church of Christ and any and all  
adult

chaperones and staff in the event of an accident enroute, during and returning from all the events  
listed above.

**Signature of Parent / Guardian** \_\_\_\_\_

**Address** \_\_\_\_\_

**Date** \_\_\_\_\_

**Emergency contact name and phone #** \_\_\_\_\_