## YOUTH PERMISSION SLIP Presbyterian Church of Chatham Township

PERMISSION:				
My son/daughter,			, has peri	mission to
attend the event described below	with the	Presbyterian	Church of	Chathan
Township.				
Name of Event:				-
Date:		_		
In case of an emergency, I/we can be	reached a	t the following	g numbers:	
Home:				
Cell:				
Additional Emergency Contact:				
Name:	_ Relation	nship:		
Phone:				
If I/we cannot be reached, the trip adv	visors hav	e my permissio	on to act on 1	ny behalf
Parent's signature:				
	Date: _			
PLEASE PROVIDE SIGNIFICANT (Known health conditions, allergies to			ATION BEI	LOW: