

# PERMISSION SLIP

Church of Christ, Congregational, UCC in Millis  
508-376-5034

Event \_\_\_\_\_Adventures in Teambuilding Date \_\_\_\_Sunday, Nov 1 (Nov 8 raindate) \_\_\_\_\_  
Time start: \_\_\_\_\_after church \_\_\_\_\_ Time end: \_\_\_\_\_4PM –pick up at church \_\_\_\_\_

Location of event \_Franklin YMCA\_\_\_\_\_ Emergency Number at location: 508-528-8708, Sheri cell: 508-451-0649

What advisors will be present for the event? \_\_\_\_\_Rev Sheri, Rob Nathans, Patti Kohls amd Others TBA

Cost of event \$10. This rate is subsidized by our fundraisers. Please let Rev Sheri know if this is a hardship.

Other important information: \_\_\_\_Bring a hearty lunch and beverage and water bottle. Wear warm clothes we will be outside. Please wear good shoes. \_\_\_\_\_



SAVE THE TOP OF THIS FORM! ...Return the completed section below.

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1. Name of Youth \_\_\_\_\_
2. Home address \_\_\_\_\_ Phone number \_\_\_\_\_
3. Parent/Guardian Name \_\_\_\_\_ Cell Phone Number (if you have one) \_\_\_\_\_
4. In case of emergency how can we contact you ? \_\_\_\_\_
5. Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
6. You do NOT need a Medical Release for this event . (Skip to line 8.)  
You DO need a Medical Release for this event. \_\_\_\_\_. (Please complete rest of the form.)
7. I have filled out a Medical Release Form specifically for this event \_\_\_\_ (You may skip the shaded box below.)  
OR, You may use the Medical Release Form on file. \_\_\_\_ (Please fill out shaded box below)

Does your child have any medical conditions or injuries not listed on the Medical Release Form on file? \_\_\_Yes \_\_\_No.

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Is your child taking any medication not listed on the Medical Release Form on file? \_\_\_Yes \_\_\_No. If yes, please tell us the name, dosage and frequency of medication \_\_\_\_\_

Can your child self-administer his/her medication? \_\_\_Yes \_\_\_No. If the answer is no, arrangements must be made with the adult in charge.

8. I give my child permission to attend the event described above. I understand the risks involved in such an activity.

Signature \_\_\_\_\_ Date \_\_\_\_\_