

CHRIST CHURCH PORTOLA VALLEY

Permission slip

I understand my child/minor will be with _____ on
this date _____ for the following activity _____
_____.

I hereby give my permission for my child/minor
_____ to participate in the _____ which takes place
_____. My child's/minor's current
Medical Release form is on file at the church.

Contact me on my cell phone: _____ if
any problems should arise.

Signed,

Parent/Guardian signature

Date: _____