

CROSSROADS STUDENT MINISTRY PERMISSION SLIP

Name of Activity: _____

Check One

One Day Activity Multi Day Activity

Trip Dates: _____ / _____ / _____ Through _____ / _____ / _____
Month Day Year Month Day Year

Student Name : _____

Student Age: _____ Student Grade: _____ Students DOB: _____ / _____ / _____
Month Day Year

Parent/Guardian Contact Info

Parent/Guardian Name: _____

Phone : _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Any medical info that we need to know: Allergies or Health Issues:

I give my permission for my child to participate in this trip.

(Signature of Parent/Guardian)

(Date)

I understand that as the parent/guardian I am responsible to check all personal belongings before my student leaves for any activity. Anything that is taken that is "questionable" i.e. music, movies, or any other potentially dangerous things will be confiscated and returned to the student's parent/guardian upon return from the planned activity. By signing this paper I am giving my student permission to attend the outlined activity.