



# Edge Permission Slip



Name of Student \_\_\_\_\_

Address of Student \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # of Student \_\_\_\_\_

**EDGE ACTIVITY:** \_\_\_\_\_

\_\_\_\_\_



**DATE:** \_\_\_\_\_

\*\*\*\*\*



I, \_\_\_\_\_, give my permission for my son or daughter to attend the above event. If needed for medical reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical personnel. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**In Case of Emergency Please Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_



**PLEASE RETURN TO: Mark Ranieri, Youth Minister  
Holy Family Church  
127 Chapel Drive  
Syracuse, NY 13219  
(315) 488-3139 x20**

