



Life Teen Permission Slip

Name of Student _____

Address of Student _____ City _____ Zip _____

Home Phone # of Student _____

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**

