

Third Presbyterian Church Qabats "Bring-a-Friend" Permission Slip



Child's Name _____ Grade _____

Parent(s) Name(s) _____

Address _____

Phone # where parent(s) can be reached on 11/30/16 from 5-8pm: _____

Name TPC member you are visiting with _____

Any information we should know? (allergies, health conditions, dietary restrictions, etc.)

I, the undersigned parent or guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of a Third Presbyterian Church staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with Third Presbyterian Church's Children's programs when I am unavailable to give such consent. This authorization shall be effective on the evening of November 30, 2016.

Signature of Parent/Guardian _____ Date ____/____/____

We are thrilled to welcome your child to "Bring a Friend" night at Qabats! If you have any questions about the evening or special concerns you would like to share with us, feel free to contact Children's Ministry Coordinator Becky D'Angelo-Veitch at 271-6537 ext. 118 or rveitch@thirdpresbyterian.org.