

**PERMISSION SLIP
FOR CHILDREN AND YOUTH**

EVENT: _____

DATE/TIME: _____

AS THE PARENT OR LEGAL GUARDIAN OF:

(please list all names of children/youth)

Last Name	First Name	Middle Name
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby absolve and release the LA PORTE COMMUNITY CHURCH in La Porte, Texas, it's agents and servants from any legal liability arising from whatever cause or source. I hereby authorize the Adult Leader to secure any medical attention which they deem necessary for the children/youth listed above at my expense.

Signature of parent or guardian

Date signed

Telephone number where you can be reached during this time.

(please note that if child/youth has any health issues that need to be known by LPCC please list on back side)