

Parental Permission Form

CLIFTON PARK COMMUNITY CHURCH – YOUTH GROUP

My child, _____, has my permission to participate in the **CPCC Youth Group event** on MAY 21, 2016. Also, I hereby allow for the handling of medical emergencies for my child *if I cannot be reached*, authorizing group leaders to act on my behalf in unexpected medical care, transportation, and hospitalization for my minor, in my absence.

Signed: _____ (parent/legal guardian)

Dated: _____

My Phone number(s): Cell: _____

Home: _____

Alternate emergency contact? Name: _____

Relationship to minor: _____

Alternate's phone number: _____

Optional: Family physician name & phone: _____

Optional: Note here any relevant health or medical conditions we should know:

CLIFTON PARK COMMUNITY CHURCH

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PASTOR DAVID J BISSETT • 518-330-7151