

Permission Slip

The Church of Saint Patrick Youth Group

<i>Date</i>		<i>Time</i>	
<i>Location</i>			
<i>Cost</i>			
<i>Transportation</i>			
<i>Notes</i>			

You may send a scanned electronic copy to lindasbruno@tcosp.com or bring it to the Rectory. No one will be allowed to attend without a signed permission slip.

I give permission for my child _____
_____ on _____
from _____ to _____

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name _____ Cell# _____ Phone# _____

Parent/Guardian Signature _____ Date _____