

***SPECIAL EVENT PERMISSION FORM***

**I have filled out a “Parental Consent for Medical Treatment” form, which is on file with the Youth Director of Spotsylvania Presbyterian Church.** It is my understanding that the advisor(s) accompanying my child/children will take a copy of this medical form on any trip or activity sponsored by Spotsylvania Presbyterian Church.

This is a notice of permission for my son or daughter to participate in this event.

NAME(S) OF YOUTH \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_

EVENT / TRIP: \_\_\_\_\_

DATE / TIME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN NAME (PRINT) \_\_\_\_\_

PHONE # \_\_\_\_\_