

PERMISSION SLIP



Permission Slip Due Wednesday, February 15th

I understand that my child, _____, will be participating in the 30-Hour Famine event at the First Presbyterian Church of Metuchen on February 24th-25th, 2012. I further understand that my child will not be eating approximately 30 hours, though he or she will be consuming appropriate quantities of water and fruit or vegetable juice. Furthermore, under supervision of church appointed adults, I understand my youth will be leaving the church grounds on Saturday, February 25th to walk around Metuchen and to be driven in a vehicle by a church appointed adult around the Metuchen/Edison area.

I further consent that at the discretion of the church appointed adults who are in charge of the event, my child may need to be sent home for disciplinary, health, or safety reasons. In this event, I will arrange for my youth to be picked up from the church at any time during the event that the leaders deem appropriate.

Youth name (printed)

Parent/guardian name (printed)

Youth signature

Parent/guardian signature

Date

Date

Parent/Guardian phone number

Secondary phone number

Detach Here

MEDICATIONS

(To be completed only if your youth will need to bring medication to the 30 Hour Famine event)

Please list what medications your child will be bringing, and the circumstances under which he or she will need to take them.

