



PERMISSION SLIP for 2011 YOUTH EVENT
First congregational United Church of Christ (FCUCC)
20 East Saint Vrain Street
Colorado Springs, CO 80903
719-635-3549

Event:

To Whom It May Concern:

_____ (name of young person) has my permission to
attend and participate in the _____ event on _____

First Congregational Church may seek any medical assistance needed while s/he is
attending and/or participating at FCUCC sponsored activities.

Printed Parent/Guardian Name _____
Parent/Guardian Signature _____
Relationship to youth participant _____
Date _____

Emergency Numbers: Home _____
 Cell _____
 Work _____