

BRIGHT HOPE COMMUNITY CHURCH

PARENT/GUARDIAN PERMISSION FORM

PLEASE RETURN THIS TO A GROUP LEADER

My son/daughter, _____

Has permission to participate in _____

He/She can participate with reasonable accommodations, e.g. does not have any special needs.

Yes No

If Yes, please describe: _____

During the activity, I (we) can be reached at:

Address _____ Telephone number: _____

If I (we) cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf:

Name: _____

Address _____ Telephone number: _____

Relationship to participant: _____

Physician's name: _____ Telephone number: _____

Additional remarks: _____

Parent or guardian's signature _____ Date: _____

(must be signed)