

ELIZABETHTOWN MENNONITE CHURCH

Parent/Guardian Permission for Special Event/Activity

Dear Parent/Guardian: Your son/daughter is encouraged to participate in _____.
This activity will take place under the guidance and supervision of two authorized/approved
personnel from ELIZABETHTOWN MENNONITE CHURCH.

Name of event: _____

Destination: _____

Departure from (place & time)

Additional:

Return to (place & time)

Additional:

Method of Transportation:

Designated approved adult supervisors:

- 1.
- 2.

Participant's Cost: (amount & due date)

OTHER INFORMATION ABOUT COST:

What to bring:

If you would like your child/children to participate in this event, please sign and return the
permission form below by _____. As the parent or legal guardian, you remain responsible for
any legal responsibility which may result from actions taken by the named child/children. KEEP this
top section for your information.

Permission Form for Short Term Field Trip/ Retreat Participation

**** Return this page of form by _____**

I hereby consent to participation by my child/children:

(name/names) _____

in youth _____ on _____. I understand that this event will take place away
from ELIZABETHTOWN MENNONITE CHURCH church building and that my child/children will be
under the supervision of at least two authorized/approved adults on the above stated date/dates.
I further consent to the stated conditions on participation in this event, including the method of
transportation.

Print parent/guardian name

parent/guardian signature

date

Indicate **any change** in **Medical Information** which was previously given with the Child/Youth

Registration _____