

PERMISSION FORM

EVENT _____ DATE _____

Name _____ Age _____ Cell _____

Name _____ Age _____ Cell _____

Parent Name _____ Phone _____ Phone _____

Emergency Name _____ Phone _____ Phone _____

Doctor's Name _____ Phone _____

Any medical concerns or medications _____

I give permission for my child to this event with Church of the Palms. I also give permission for photography of my child to be used on the church website and for church publicity.

Parent Signature

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