

Questions? Contact Erin at efleet@carlislepaumc.org or 717.385.5924

## **PERMISSION SLIP DUE BY OCTOBER 23**

Student's Information: Name: \_\_\_\_\_\_Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ Email: Home Address: \_\_\_\_\_\_ City: \_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Parent/Guardian Information: Name: \_\_\_\_\_ Home Phone: Cell Phone: Email: \_\_\_\_\_ I, give permission for my child, to participate in Carlisle UM High School Youth Card/Game Night at the Harpel home on October 25, 2019. I will not hold Carlisle UM Church, or any representative associated with the above listed activity responsible in an event of injury. Further, I agree to accept any and all financial responsibility as a result of emergency medical treatment. Please list any special medical information about your child including allergies:

## LIVE LIKE JESUS

Date:

Parent/Guardian Signature: \_\_\_