

ELIZABETHTOWN CHURCH OF THE BRETHREN
PARENTAL PERMISSION FOR SPECIAL ACTIVITIES

Dear Parent/Guardian: Written permission of parents/guardians is required for your child(ren) to participate in any activity held any place other than the Elizabethtown Church of the Brethren.

Activity: _____
Location: _____
Date: _____ **Time:** _____

Leaving from: Location: _____
Date: _____ Time: _____

Returning to: Location: _____
Date: _____ Time: _____

Adult Contacts During This Activity:

Name: _____ Phone: _____
Name: _____ Phone: _____

Cost: _____ **Participants Should Bring:** _____

(Return bottom portion to activity leader)

My child(ren) _____,
has permission to participate in:

Activity: _____
Date: _____ Time: _____

Child's Physical/Diet Restrictions or Medications needed during this activity:

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

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

Name: _____ Phone: _____
Relationship to child: _____

The Child Protection Policy applies to all activities or events planned and approved by the Elizabethtown Church of the Brethren church staff or any church ministry board committee or team designed specifically for children/youth.

I understand and acknowledge that if a situation arises during which any of the policy goals cannot be reasonably met due to unavoidable circumstances, the adults involved will accommodate the policy as far as they are able, in accordance with the spirit of the policy.

Parent/Guardian's Signature: _____

Date: _____