

# Permission Slip

I, \_\_\_\_\_, as the \_\_\_\_\_  
(Print Name) (Relation to student)

give my permission for my student \_\_\_\_\_  
(Name of Student)

to attend \_\_\_\_\_  
(Name of the Event)

- I have completed a medical release form.
- I understand that my child may not attend an event unless I have completed a medical release form and permission slip.

In case of an emergency please contact:

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

If you have any questions about this event, please contact:  
Elias Swade at 734-218-2245

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