

Permission Form



 Student/Child's Name

Activity: _____ Location: _____

Date: _____ Time: _____

Adults present: _____

It is imperative that we have a number where you can be reached at all times. Your student/child's small group leader is leading this event. RCC staff will not be present.

I, _____, hereby give permission for my student/child to participate in the following activity under the sole supervision of his/her small group leader. I release Rivertown Community Church of any liability and understand that this is not an RCC sponsored event.

Emergency Contact:

Name: _____

Home: _____

Cell: _____

Does your student/child have any medical conditions or allergies that may be relevant to a physician in case of an emergency? (Asthma, heart condition, etc.)

Yes: _____ No: _____ Please explain: _____

Does your student/child have any food allergies?

Yes: _____ No: _____ Please explain: _____

Parent signature: _____

Date: _____