

## Permission Slip

Albion Christian Church  
51 Main St.  
P.O. Box 205  
Albion, ME 04910

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Child 1: \_\_\_\_\_

Special Medical Information: \_\_\_\_\_

Child 2: \_\_\_\_\_

Special Medical Information: \_\_\_\_\_

Child 3: \_\_\_\_\_

Special Medical Information: \_\_\_\_\_

Child 4: \_\_\_\_\_

Special Medical Information: \_\_\_\_\_

Child 5: \_\_\_\_\_

Special Medical Information: \_\_\_\_\_

I give my permission for the children listed above to attend the listed event at/with the **Albion Christian Church**. In case of emergency the church leaders present may seek medical care as needed.

Authorized Signature: \_\_\_\_\_