

St John's Permission Note

What:

When:

Bring:

Meet at:

Finish at:

Contact Name:

Contact Number:

Permission Note

(Feel free to fill out the same note for multiple people from one family).

Youth's Name ('s): _____

Food allergies: _____

I give permission for my child/children to attend this event organised by St. Johns Anglican Church Keiraville. I appreciate that every care will be taken by the leaders of the youth group for the safety of my child. I authorise the youth group leader to arrange for my child to receive medical treatment when they deem necessary and if I am unable to be contacted. ♦ I give permission for my child to be photographed.

Parent/Guardian's Name: _____

Emergency Contact Number: _____

Signed: _____ Date _____