



**Cross Roads Presbyterian Church**  
**2310 Haymaker Road Monroeville, PA 15146**  
**412-372-2226**

**Parental Permission Form**

Today's Date: \_\_\_\_\_

I give my son/daughter, \_\_\_\_\_, permission to attend  
\_\_\_\_\_ (event/activity) on \_\_\_\_\_ (date)

with the J.A.M. youth group of Cross Roads Presbyterian Church. I also realize the required  
cost is non-refundable, and the pick up time will be approximately \_\_\_\_\_.

In case of a medical emergency, I understand that every effort will be made to contact me. I also  
Understand that the pastor, sponsor(s), chaperone(s), and/or driver(s) will secure proper  
treatment (doctor, medical, hospitalization, injection, surgery, etc.) for him/her. I expect to  
assume full responsibility for all illness and/or accidents which may occur on the trip.

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

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

If your student will be picked up by any person other than parent/guardian OR will drive  
himself/herself home after the above event/activity mentioned, please sign below as this will  
authorize your permission. Otherwise, please leave the following blank and know you will be  
expected to pick up your son/daughter.

Name of person/driver: \_\_\_\_\_

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