



CROSS ROADS PRESBYTERIAN CHURCH

2310 HAYMAKER ROAD

MONROEVILLE, PENNSYLVANIA 15146 • 412-372-2228

Parental Permission Form

Today's Date: _____

I give my son/daughter, _____ - _____ permission to attend _____ (event/activity) on _____ (date) with the 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 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 illnesses 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 the person/driver: _____

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Parent/Guardian Signature: _____