



**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: \_\_\_\_\_

\*

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