PERMISSION SLIP

I, grant permission to my son/daughter, _____
Child's Name
To attend _____ on the dates of_____
Name of the Event Dates of the Event

My family insurance company is_____ Policy No._____

Parent/Guardian gives permission for necessary medical treatment. Agrees to indemnify, save and hold harmless PureHeart Christian Center of the Assemblies of God from all loss, property damage or injury suffered from this event.

_____ Home Phone_____
Signature of Parent/Guardian

Cell Phone_____