

**New Life Community Church
Youth Group off site activity
PARENTAL CONSENT FORM**

Youth will be transported to local homes and/or businesses to perform yard cleanup volunteer work

**Wednesday, November 2, 2016
Leaving the Church at 6:00 pm
and Returning at 8:00 pm**

I give permission for my child _____ to participate in this Youth Ministry event that requires transportation to a location away from New Life Community Church.

In the case of medical emergency, I understand every effort will be made to contact parents or legal guardians. In the event I cannot be reached, I hereby give my permission to New Life Community church administration to seek professional medical attention including hospitalization, securing proper treatment, ordering injection, anesthesia, or surgery for my child.

Signature of Parent/Guardian

_____ Date _____

Emergency contact information during the event:

Name: _____ Phone#: _____

I submit to the authority of the SWAT and Awakening Youth Group leadership during this event.

Signature of Student

_____ Date _____

NO CHILD WILL BE PERMITTED TO ATTEND ANY FIELD TRIP EVENT UNLESS THIS FORM HAS BEEN COMPLETED IN ADVANCE BY THE PARENT OR GUARDIAN AND RETURNED/MAILED TO THE CHURCH OFFICE AT PO BOX 830, PULASKI, WI 54162.

Please have your child dress accordingly, and bring a rake if possible.

Questions?

Contact the church office Mon.-Fri. during regular office hours at 920-822-7117. Thank you!