



Fenton Nazarene Youth Ministry
Permission Slip

Student's Name _____

Event _____

Event Date(s) _____

I give permission to the youth staff of Fenton Nazarene to act on my behalf in case of a medical emergency if I can not be reached. A Medical Release Form is on file at the church for my student.

Parent/Guardian Name _____

Signature _____

Date _____

Permission Slips are required for every event away from the church. Medical Release forms are available at the church or on the website at www.max180.com.



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