



## General Student Ministry Permission Slip

Paoli Presbyterian Church  
225 S. Valley Road  
Paoli, PA 19301

Student(s) Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/ Guardians name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact (other than parent): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Emergency contact email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Does your student have any allergies or other medical conditions we should be aware of?

Does your student have any mental health concerns we should be aware of?



**STATEMENT OF CONSENT: *“By signing this form I am giving permission for the student(s) mentioned above to attending the events put on for Student Ministries at Paoli Presbyterian Church. In case of a medical emergency, I give the director of Student Ministries and volunteers permission to choose a licensed physician to perform any necessary or recommended treatment. I will assume liability not covered by my insurance.”***

**Signature of Parent/ Guardian: \_\_\_\_\_**

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

**In case of Emergency, you can call Maddie Ridgeway, the Director of Student and Young Adult Ministries, at (724)766-6623**