



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