



Trinity
Presbyterian
Church

Program Attendance Consent Form (one per child)

Event Information:

Name of program or event: _____

Date(s) and location of program or event: _____

Name of program director(s): _____

Participant Information:

Full name of participant: _____

Date of birth of participant: _____ Grade of participant: _____

Full name of parents/guardians: _____

Address: _____ Telephone: _____

List allergies or medical conditions: _____

Name of emergency contact: _____

Emergency contact telephone: _____

Participation Agreement:

I give permission for my child to attend the program or event identified on this form. I also give permission for my child to be transported, if necessary, by a Trinity approved driver.

Parent/guardian signature: _____

Date: _____

This form is valid through _____.

** Please return the completed form to Trinity's Child Protection Administrator.*