

IMPACT Permission Slip

Please read this slip **thoroughly** and sign in the spaces provided.

Date:	
Date of Activity:	
Name of Activity:	
Name of Teen:	

I understand the cost, time schedule, dress code, and purpose for the event named above. In the case of medical emergency, I realize that every effort will be made to contact me at the phone number printed below; however, in the event that I cannot be contacted, I give permission to the physician selected by the adult leadership to prescribe the action necessary to handle the emergency. I realize that any rebellious behavior will not be tolerated and will be grounds for immediate dismissal.

Parent's (or guardian's) signature	
Emergency phone number:	
Teen's signature:	

Special instructions...

