

# The Uprising Student Ministry Permission Slip

I Give My Permission For: \_\_\_\_\_

To Attend: \_\_\_\_\_

On This/These Date(s): \_\_\_\_\_

Transportation: \_\_\_\_\_

Who will be Driving: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

You can pick your student up at: \_\_\_\_\_

Please list any allergies to food, medications or special instructions below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Phone Number we should use first if needed: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Legal Guardian)

Have this Permission Slip Returned By: \_\_\_\_\_