



Trinity  
Presbyterian  
Church

## Event 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: \_\_\_\_\_

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.*