



ENCOUNTER YOUTH MINISTRY

Parental Permission Form For Events

TITLE OF EVENT

DATE: ____/____/____

STUDENT INFORMATION

Name				
	First	Last	MI	Age

Address				
	Street	City	ST	Zip

Contact Information			
	Home Phone	Mobile	Email

Health Issues	
	Please briefly explain any health related issues we need to be aware of to ensure proper care for your child

Emergency Contact			
	Home Phone	Mobile	Email

PARENT / GUARDIAN INFORMATION

Name				
	First	Last	MI	Age

Address				
	Street	City	ST	Zip

Contact Information			
	Home Phone	Mobile	Email

Permission		
	Signature	Date
	I hereby grant permission to the above mentioned youth to attend the event hosted by the Encounter Ministry of Truth Center Ministries International	