



Youth Event Permission Form

ALLISTON PENTECOSTAL CHURCH *Form must be Filled out to*
HWY 89 & 50 ALLISTON, ONTARIO *attend a youth outing if*
(705) 435-7991 *you are 17 and Under*

Event

Location

Date of Event

Time Leaving

Time Returning

Please state any allergies or medical concerns we need to know about:

OHIP #: _____

I hereby give my son/daughter/child under my care, permission to travel to and attend the above stated event with Impact Youth Ministries of Alliston Pentecostal Church. I also give permission for the youth pastor or leader to grant a physician emergency medical care to my young person in the event of an emergency.

Student's name

Parent/Guardians Print name

Parent/Guardians Signature



Youth Event Permission Form

ALLISTON PENTECOSTAL CHURCH *Form must be Filled out to*
HWY 89 & 50 ALLISTON, ONTARIO *attend a youth outing if*
(705) 435-7991 *you are 17 and Under*

Event

Location

Date of Event

Time Leaving

Time Returning

Please state any allergies or medical concerns we need to know about:

OHIP #: _____

I hereby give my son/daughter/child under my care, permission to travel to and attend the above stated event with Impact Youth Ministries of Alliston Pentecostal Church. I also give permission for the youth pastor or leader to grant a physician emergency medical care to my young person in the event of an emergency.

Student's name

Parent/Guardians Print name

Parent/Guardians Signature