

Game Nights Permission Slip

I give _____ my permission to
youth name
participate in the EPIC Youth/All Ages Game Nights. This permission will be in effect until I update or revoke it.

I can be reached _____ in case of emergency.
parents/guardian phone number(s)

I understand that food will be served. My child has the following food allergies:

_____.

I understand that the EPIC churches are not responsible for damage or loss to any gaming equipment or games my child brings to this event.

We like to share what youth are doing. Is it ok to share pictures/videos within our church communications such as bulletins, newsletters, emails, website, Facebook, narthex displays, etc? (Circle one)

yes

no

I understand that chaperones will attempt to contact me in case of an emergency. I authorize representatives from the EPIC churches (Advent, Faith, Immanuel, St. John, Trinity) to see medical treatment for my child in case of a medical emergency. I assume financial responsibility for such treatment.

_____ I am willing to be a chaperone. Please contact me with dates and details.

parent/guardian signature

date

Please print name: _____

Please print, fill out this form, and send it with your child to the event. Once we have this permission form on file, it will be good until we hear from you otherwise.