



ST. EDWARD'S EPISCOPAL CHURCH

St. Edward's Episcopal Church Permission Slip

I, _____ give my permission for my child
(Print Your Full Name)

_____ to attend the following event/activity
(Print Child's Full Name)

_____ sponsored by St. Edward's Episcopal Church
(Name of Event/Activity)

And scheduled for _____
(Date & Time of Event/Activity)

I understand that my child will be transported to the activity in vehicles accompanied by an individual who has all of the required certifications on file. In the event that a vehicular accident occurs, I do not hold St. Edward's Episcopal Church responsible for any injury that may afflict my child.