

EVENT PERMISSION FORM

Event Name or Description: **Six Flags Great America Trip**

Event Address: 1 Great America Parkway, Gurnee, IL 60031

Date of Event: **Thursday July 19, 2018**

Start time of event: Departing at 8:45 AM - St. Jude Parking Lot
End time of event: Returning by 10:30 PM - St. Jude Parking Lot
Transportation: Yellow School Bus
Attire: Comfortable clothes and shoes (change of clothes for waterpark)

Youth Minister Contact: Marsha Johnson (708) 351-3001

PERMISSION AUTHORIZATION

I authorize my son/daughter _____ to attend the above event in
(Please print your teen's full name)
the location listed above. I, the parent/guardian, understand some events are not on site at St. Jude. I understand that my son/daughter will be expected to adhere to and follow all rules and regulations as stated by St. Jude the Apostle Youth Ministry. This includes the prohibition of the use of any illegal substances etc. If my son/daughter is found not adhering to the rules, the parent/guardian will be called to pick up their child immediately at the location of the event.

EMERGENCY CONTACT INFORMATION

Please complete the following information, it will be used to contact you in case of an emergency.

Emergency Contact Person: _____

Relation to Child: _____

Contact Number: _____

Please SIGN and RETURN this form by July 8, 2018

Parent/Guardian Name (print) _____

Signature: _____ Date: _____

Office Use Only: Date Paid _____ Amount Paid _____ Permission _____