**Junior & Senior P.F. - Youth Fellowship Activity**

**United Congregational Church of Tolland**

pf@ucctolland.org

**Activity Permission Slip**

**Activity**: FirePit Gathering

**Location**:. Anne-Marie Carlson’s house --41 Tolland Green

**Day/Date**: Friday Oct 1

**Time(s)**: 7 pm-10 pm

**Cost:** a snack to share prepackaged in individual portions

\*\*\*\*MASKS will be required, and maintaining social distancing will be enforced\*\*\*\*\*

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**Conditions**

* Your child must arrange transportation to and from the activity.
* Adult supervision from P.F. **will be** present.

Feel free to call us if you have any concerns or if you would like to participate in any of our activities.

Please sign below and respond to the questions below. This acknowledges that you are aware of your child’s participation in this event according to the conditions above and gives us the necessary information about your child. Thank you for your cooperation!

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My child **will participate** in the activity listed above as a member of Pilgrim Fellowship of the UCC of Tolland.

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Student’s name (printed) student’s signature phone # (*optional*) date

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Parent/guardian’s signature phone # date

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**Emergency Contact Name** **Emergency phone #**

Parent or Guardian, please answer the questions below. Thank you!

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_

* I will **Chaperone and/or drive students** to this event, if needed. **Yes No**
* I give my **permission for pictures of my child** to be posted on the church website**.** **Yes No**

Health Information

* Please list any **allergies** that the child has \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Please list any **chronic or recurring illness**, including seizure disorder, asthma, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Does participant carry an Epi-pen? **Yes No** Participant may self-administer **Yes No**
* Does participant carry an inhaler? **Yes No** Participant may self-administer **Yes No**