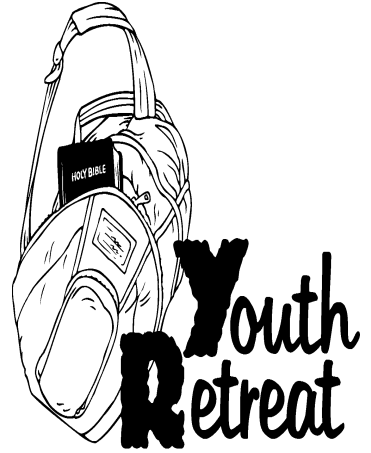


**GLADE RUN UNITED PRESBYTERIAN CHURCH
PERMISSION SLIP**



Name: _____ Phone: _____
has my permission to travel with Glade Run Church to Westminster Highlands
September 29 – 30, 2007

In case of emergency, I give my permission for emergency treatment. I can be reached at:

Home _____
Work _____

If I am unavailable, please call: _____ Phone: _____
Relationship to my child: _____

Please list any allergies, conditions, or medications that would limit activities or be helpful for leadership to know about the youth:

Physician's name and phone: _____

Insurance Carrier: _____

Insured's Name: _____

Insured's Social Security No. _____

Date of last tetanus shot: _____ Permission to administer Tylenol: yes _____ no _____

Parent's signature _____ Date: _____

Comments: