

## Off-Site Permission Form

	, the parent/	/guardian of
parent name (print)		student name (print)
Cornerstone Church o liability for any injury	f Blaine, and their rep to said student while I from said activity, ex	ree Church, Elmwood Church, epresentatives and/or employees from le attending the following activity, excepting injury or damage resulting from d/or employees.
Activity:		
Location:		
Leader/location phon	e number:	
Date:	Time:to	
Parent/Guardian Sig	;n	
In case of emergency	, contact	
Phone:	(day)	(evening)
Are there any allergi	es or medical needs	ls we should know about?