



**CHILDREN'S MINISTRY PERMISSION,
INFORMATION AND RELEASE FORM**
Langhorne Presbyterian Church
Sharing the Life of Jesus
125 E. Gillam Avenue, Langhorne PA 19047
215-752-3200 www.langhornepres.org

Child's Name _____ Age _____

Grade _____ Birth date _____

Parent's Name _____

Address _____

E-mail address _____

Phone number: _____

Cell Phone: _____

Relative, friend or neighbor if you cannot be reached:

Please list any allergies (food, insects, medication, etc.) or special instructions that should be known.

Additional information: _____

I give permission for my child to fully participate in the Children's Programs including Sunday school, Faith Acts, Parent's Night Out and any special events at Langhorne Presbyterian Church from _____ to _____. In the event of illness or accident, I request that measures be instituted without delay as judgment of medical personnel dictates. I understand that my insurance is the primary coverage in the event of an accident.

Parent's Signature _____

Date _____