



Light of Christ Student Ministries Permission Form
1700 Longmeadow Pkwy Algonquin IL 60102 847-658-9250
kimc@locchurch.com

Event Attending _____ Date _____

Student's Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Emergency Contact Person _____

Emergency Contact Phone during above named event _____

As parent/guardian of the above named student, I give my permission for my student to participate in this student ministry event. I also acknowledge that if my student has to return home early due to disciplinary challenges, it will be at my time and expense.

Parent/Guardian Signature _____

Date _____