

Fused Youth Group- Service Opportunity  
PARENTAL/GUARDIAN CONSENT FORM

Participants Name:	
Grade:	Phone:
Parent/Guardian's Name:	
Home Phone:	Cell Phone:

I, \_\_\_\_\_, grant permission for my  
Parent or Guardian's name  
child, \_\_\_\_\_  
Child's name

to participate in the below named events (indicate which one or both)

Wednesday March 20 6:30-7:45 PM	Cerenity Care Center Bus or carpooling, depending on numbers attending
Friday May 3 6:30-10:30	Feed My Starving Children Bus to FMSC

Signature:	Date:
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