



TOP Day-Of Permission Form

Childs Name: _____

I verify that the information on the Emergency Care form is accurate and I give permission for my son/daughter to attend TOP on Sunday, _____ from 12:30 AM-4:30 PM.

Permission includes that they are allowed to be driven by a volunteer from CUMC to and from Washington DC

Parent Signature:

_____ Date: _____

Parent Phone: _____