



**PFLAG Peachtree City Permission Form**  
*for minors to attend support meetings without parent/legal guardian*

I give permission for the minor child I am responsible for, \_\_\_\_\_,  
*(print legal first and last names)*

also known as \_\_\_\_\_,  
*(print nicknames and/or minor child's chosen first and last names)*

to attend PFLAG Peachtree City's youth/student support meetings held at First Presbyterian Church located at 206 Willowbend Road, Peachtree City, GA, without me being physically present inside the facility.

I understand personal injury or sickness can occur to my child while being at the meeting, and I hereby authorize PFLAG Peachtree City to seek emergency medical attention for my child as needed. I further agree to be liable for and pay all costs incurred in connection with such medical attention.

I release PFLAG Peachtree City and First Presbyterian Church Peachtree City and their employees, agents, and volunteers from all liability, claims, demands, causes of action, and possible causes of action whatsoever arising out of or related to any loss, damage, or injury (including death) which may be sustained by my minor child with participating in the meeting.

I also agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of PFLAG Peachtree City, First Presbyterian Church Peachtree City, and/or other attendees' personal property while participating in the support meeting.

**I agree to and consent to all the above stated.**

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*(Signature of parent or legal guardian)*

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*(Parent/legal guardian's PRINTED name)*

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*(Parent/legal guardian's phone number)*

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*(Alternate emergency contact name)*

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*(Alternate emergency contact phone number)*

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*(Date the minor child reaches age 18; month-date-year)*

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*(Today's Date)*