



I give permission for my child, \_\_\_\_\_, to attend the monthly PFLAG Lawrenceville meeting to be held on \_\_\_\_\_ at the Aurora Theater in Lawrenceville, GA from 7-8:30pm. By signing this form my child and I agree that they will abide by the rules set forth by the PFLAG Lawrenceville Board and that my child has reliable transportation home following the meeting.

In case of an emergency, I can be reached at the following phone number during the meeting:

\_\_\_\_\_. If PFLAG needs to reach me to discuss other matters

regarding my child, my email address is: \_\_\_\_\_.

PFLAG Lawrenceville also requests that a secondary emergency contact be provided for all minors attending a meeting without their parent or legal guardian. Please provide the contact information below.

Name of Secondary Emergency Contact: \_\_\_\_\_

Phone Number of Secondary Emergency Contact: \_\_\_\_\_

Name of Teen Member (Please print): \_\_\_\_\_

Name of Parent or Legal Guardian (Please print): \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_