

**MEMORIAL UNITED METHODIST CHURCH YOUTH GROUP
PERMISSION SLIP**

I, as parent or guardian, give permission for _____
to attend the Memorial U.M.C. sponsored youth event, **THE 30-HOUR FAMINE**, from
FEBRUARY 25-26, 2006.

I am aware that this event requires my child to fast for thirty (30) hours, and I affirm that
he/she is healthy enough to participate.

- ☐ YES IN CASE OF EMERGENCY, I AUTHORIZE ANY NECESSARY MEDICAL
☐ NO ATTENTION REQUIRED FOR THE HEALTH OF MY CHILD DURING THIS EVENT.

SIGNED _____
PARENT OR GUARDIAN DATE _____

TELEPHONE NUMBER

ADDITIONAL INFORMATION: _____

