

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

I, as parent or guardian, give permission for my child, _____
to attend the Memorial U.M.C. sponsored event, _____
on _____
(Date)

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

SIGNED _____ DATE _____
PARENT OR GUARDIAN

TELEPHONE NUMBER

ADDITIONAL INFORMATION: _____
