

# Permission Slip for UMYF Day Trips

I, the parent or guardian of (print child's name) \_\_\_\_\_

give permission for my child to go with the Youth Fellowship of Davison United Methodist Church for (event) \_\_\_\_\_

at (location) \_\_\_\_\_ ON (date) \_\_\_\_\_

I understand transportation is provided by an adult leader, or parent/guardian, or licensed youth driver (youth riding with youth is discouraged, written permission of parent will be accepted).

I authorize emergency medical care for my child to be approved by a trip chaperone if necessary.

For emergencies, I can be reached at (phone/cell/pager#) \_\_\_\_\_

Alternate person to notify: (name) \_\_\_\_\_ at (phone number) \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

Signature: \_\_\_\_\_