## Permission Slip for Travel Central United Methodist Church

My youth,		, has my permission to ride	
the church van on t authorize an overni	he date show ght stay if or	n below for the event listed. I also he is required for this event (initial	
<u> </u>	• •	permission for care to be sought for	
my youth in case of	f an emergen	cy.	
Event Name		Date of Event	
Van Ride	Y or N _	(parent initial)	
Overnight Stay	Y or N	(parent initial)	
Duration da		(r	
Allergies or special		f any	
Parent or Guardian Signature		Date signed	
Emergency Contact/ Phone		Alternate Contact/ Phone	

<sup>\*</sup>all youth or children planning to attend events including van rides or overnight stays/trips will need to present this completed form to the organizer before the event. No exceptions will be made.