

Richmond Hill United Methodist Church Youth Permission Slip

PARENTAL AUTHORIZATION

As the parent or guardian of _____ I give permission for my child to participate in the _____. My child has my permission to be transported to and from this activity. I understand that neither Richmond Hill United Methodist Church nor any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

Signature Parent/Guardian:

_____ Date: _____

**We must also have a medical release form filled out for the youth listed above. The medical release form is good for one year from the date of signature.