

**Fairfield United Methodist Church
Youth Trip Permission Slip Form**

Event Name	Event Location	Event Date
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I give permission for my child, _____, to attend the event named above, and I give the adult leaders of the youth group authority to act on my behalf if my child should need emergency medical care. The information on my child's medical authorization form is complete and accurate and may be used should the need arise. I understand I will be contacted as soon as possible if health or safety issues warrant action to be taken. I can be reached at the numbers below during the above dates.

Printed Name of Parent or Guardian	Signature of Parent or Guardian	Date
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Emergency Phone Number (if different than home/cell)

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