WESTLAKE UNITED METHODIST CHURCH EVENT PERMISSION SLIP

To whom it iviay concern:	
	has my permission to go with the
(name of child/youth)	
(name of group)	(event and related activities)
at	on
(location of event)	(date)
Participant will be returning at approximately The cost of the event is	
Additional Information:	
Emergency Information:	
Parent/Guardian number during this event	
Alternate contact in case parent/guardian cannot b	pe reached (list name and number)
Current medication your child needs to take during	this event (name of medication and dosage)
I understand that the Westlake United Methodist C and counselors will not be held responsible for any	
Parent/Guardian Signature	Date