



Akron First United Methodist Church
7 Church Street
Akron, NY 14001

Parent Permission slip

**July 22-26, 2019 ROAR VBS
July 27, 2019 Akron First Annual Shootout**

Please read this slip carefully, fill out completely, sign and return it on the opening day of the activity with your child.

Name: _____

Phone: _____

Address: _____

D.O.B.: _____

I, _____ as parent/guardian of the above named child, give him/her permission to participate in the activities at and sponsored by Akron First United Methodist Church.

I also give permission for photos of my child to be used for church promotion purposes only. My child's name will not be tagged or listed with photos for security measure.

I release the church and its representatives from any liability in the event of an accident during the activity.

I also authorize them to obtain any emergency medical attention that may be required during my child's attendance, in my absence.

SIGNED: _____ DATE: _____
Parent /guardian

Parent/Guardian: _____
Please print

Emergency Phone Number: _____

Alternate Phone Number: _____

Special Medical Needs: Are there any specific or special medical needs that we should be aware of for your child? Please list them below along with any information that could be helpful. Thank YOU!