



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!