



Fusion, a ministry of LCYM Youth Permission Slip

Please read this slip carefully, fill out completely, sign and return by day of activity. Your child / children MUST have a signed permission slip in order to attend.

Thank you.

NAME: _____ PHONE: _____

ADDRESS: _____ D.O.B.: _____

I, _____ as parent / guardian of the above named child, give him / her permission to participate in the activities of "Fusion" of LAWRENCE COUNTY YOUTH MINISTRY (LCYM) I release LCYM and its representatives from any liability in the event of an accident enroute, during, or returning from an activity. I also authorize them to obtain any emergency medical attention that may be required during my child's attendance.

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. If you should need more space please write on the back of this form.

Thank you.