

## United Youth Lock-In Permission Slip

Student: \_\_\_\_\_

Phone number: \_\_\_\_\_

Emergency number: \_\_\_\_\_

I give my permission for my child to participate in the United Youth Lock-In. In the unlikely event that my child would need emergency medical treatment, I give permission for the adults in charge of the group to secure the necessary treatment to protect the life and health of my child. I understand that I will be contacted before any medical treatment has begun except where a delay in treatment would not be in the best interest of my child.

Special medical information that should be noted:

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Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_