



Memorial West Grove Youth Permission Slip

Youth Name: _____

Date of Trip: ___/___/___

Trip Destination: _____

Authorized to Treat Minor: *In the event that I cannot be reached in an emergency, I hereby permit to call 911 and/or to contact a medical facility or physician selected by the church to provide proper treatment and that I will be responsible for all expenses arising in association with such treatment.*

Parent signature: _____

Emergency Contact Person : _____

Emergency Contact Number: (____) ____-____