

I, \_\_\_\_\_, give my permission for \_\_\_\_\_ to participate in the trip to \_\_\_\_\_

with the Mercy Hill Presbyterian Church youth group.

I also authorize the volunteers at Mercy Hill Presbyterian Church to allow hospital personnel, if needed, to administer emergency medical care to my child.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

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