

**PARENT PERMISSION SLIP
Vanderberg Youth Center**

STUDENT'S NAME: _____

PARENT/GUARDIAN'S NAME: _____

PHONE: _____

I give my permission for my son or daughter to attend:

What:

When:

Where:

I understand that this permission slip gives the VYC permission to transport your student(s) to and from the event. My student(s) agree(s) to abide by all rules and regulations as outlined in the Code of Behavior. I understand that any infractions against the rules may result in immediate dismissal from the activity. I will be responsible for any costs or other requirements for immediate transportation home. I understand that the City Union Mission is not providing medical insurance for student(s) in case of injury or sickness. I agree to accept all the financial responsibility of any medical treatment.

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give City Union Mission and all representatives there of (staff or volunteer) to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve City Union Mission from liability in acting on my behalf in this regard so long as City Union Mission is not grossly negligent.

Parent/Guardian Signature: _____

Date: _____