### 

The Unitarian Universalist Congregation of York

925 S. George St., York PA 17403 • 717-845-8212

### Parent/Guardian Consent Form

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| --- |
| Child’s Name (Last) First |
| Address City State Zip Code |
| Event Name/Location Event Date(s) |
| Exclude my child/youth from following activities: |

As the parent or legal guardian of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby consent for my child to attend and participate in all activities provided as described above.

|  |
| --- |
| Print Name |
| Signature Date |

**Emergency Contact Information:**

|  |
| --- |
| \_\_\_Father \_\_\_ Mother \_\_\_ Guardian \_\_\_ Other; please specify: |
| Name (Last) First |
| Address City State Zip Code |
| Telephone Alternate Telephone Best Contact Time E-Mail Address |