

UBU Permission Slip

You Be You (UBU) Permission Slip

I give permission for my child, _____ to participate in the following activity with the UBU program through the First Universalist Church of Essex:

_____.

_____ I give permission for photographs of my child to be taken and used for promotional purposes.

_____ I absolve the church, their employees, and volunteers from responsibility for accident or injury which may occur during any aspect of this event, including transportation to, from, and during this event.

_____ I give permission to the adults in charge to give medication(s) to my child and to provide or get medical treatment for him/her, and I will be financially responsible for any such treatment.

Print Parents' Names: _____

Emergency Phone Numbers of parents: _____

Parent's Signature: _____ Date: _____