



I give my permission for my child(ren) to participate in all Vacation Bible School activities held at Mt. Carmel Friends Church (Cable, OH) on July 11, 12, & 13, 2018. In the event that I cannot be reached in an emergency, I hereby give permission to Mt. Carmel Friends Church and its agents to seek medical assistance, transportation, and treatment for my child(ren).

Child's Name: _____

Child's Name: _____

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____ Phone Number: _____