United Methodist Church-Youth Permission Slip

Event Name: Destination Unknown!
Where: Meet at the church at 5pm. We will return at 6:30pm **Date**: Sunday, February 25,
Other Information: Please bring $5

Student Information

Name: _____

Date of Birth: _____ Age: ____ Grade: ____ School: _____

Address: _____
Street City State Zip

Youth Cell Phone: _____ Youth Email: _____

Parent(s) Name(s): _____

Parent(s) Email Address(es): _____

Emergency Contact: _____
Name Phone Relation

2nd Emergency Contact: _____
Name Phone Relation

Youth Medical Information

Health Insurance Company: _____

Policy/ Group Number: _____

Medications/ Medical Concerns: _____

Known Allergies: _____

• In emergency situations where I cannot be contacted, I hereby authorize the youth director, pastor, and/or adult supervision to follow the procedures below: • To make reasonable attempts to contact parents, guardians, or named agents • When parents, guardians, or named agents cannot be contacted, the youth director, pastor, and/or adult supervision will contact the following service provider:
Family Doctor: _____
Name Phone

• To be my agent to give consent to any X-ray examination, anesthetic, medical, or surgical diagnosis/treatment, and hospital care which is felt necessary for the life or well-being of my child by any licensed physician, medical response team, or surgeon.

Signature: _____
Parent/Guardian Date

*Pictures will be posted online and by signing, you have given permission to have your child's pictures posted on our youth websites.