PERMISSION SLIP FOR
ST. MARK'S UNITED METHODIST CHURCH
YOUTH EVENTS

NAME OF YOUTH _____

Address _____Zip_____

I give my permission for St. Mark's United Methodist Church to transport my child to all youth activities that may be held off of the church premises during the 2016 -2017 Youth Ministry year. I understand that responsible adults from the church will drive my child to the activity.

Signature: _____ Date: _____

Should emergency medical treatment be necessary and I cannot be reached, I authorize any of the adult youth workers to act on my behalf to approve appropriate medical treatment for:

Name of Youth: _____Birth date_____

I hereby release St. Mark's United Methodist Church and its representatives of any liability for emergency, injury, or death while in transport to and/or participation in a church-sponsored activity. I understand I am responsible for expenses incurred in an emergency involving my child.

Signature: _____ Date: _____

Parent/ Guardian Phone: _____ Cell: _____

Emergency contact (other than parent): _____ Phone: _____

Physician's name and phone number: _____

Insurance Carrier: _____ Policy # _____

Allergies and other conditions of which adult youth workers should be aware:_____

_____

Permission to use photos on line and in publications? Yes No (please circle and initial) _____

Permission to give over the counter medication? Yes No (please circle and initial) _____