

South District United Methodist 2019 Middle School Mission Permission Slip

Please complete this permission slip and mail the completed form to St. Mark's UMC 1431 W Magee Rd, Tucson, AZ 85704 or have the child turn in the form on the first day of the event.

Youth Name:

First Name: _____ Last Name: _____

Church Affiliation: _____

I give my permission for United Methodist Church representatives to transport my child to all activities related to the South District Middle School Mission. I understand that responsible adults from the church will drive my child to the activity.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY MEDICAL TREATMENT

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: (youth's name): _____

I hereby release the 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.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian Phone: _____ Cell: _____

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

ALLERGY INFORMATION

Please list any allergies and other conditions of which adult youth workers should be aware of:

Permission to give over-the-counter medication? Yes No Initials: _____

Permission to use photos of your child in future publications? Yes No Initials: _____