

**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 2020-2021 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: _____ Grade: _____ 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 (s): _____

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) _____

Student's email address _____ Student's cell phone _____

STUDENT EMAIL ADDRESS AND CELL PHONE NUMBER WILL ONLY BE USED BY THE YOUTH DEPARTMENT FOR COMMUNICATION AND NOTIFICATION OF UPCOMING EVENTS.