

**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 2021-2022 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.**