

PERMISSION SLIP FOR CHILDREN AND YOUTH EVENTS

Open Hearts Open Minds Open Doors

student information

Name: _____

Address: _____ Zip: _____

Email address: _____ Cell phone: _____

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 2023-2024 Ministry year. I understand that responsible adults from the church will drive my child to the activity.

Parent/Guardian 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:

Legal 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.

Parent/Guardian 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 youth workers should be aware: _____

Permission to use photos online and in publications?

YES/NO (please circle and initial) _____

Permission to give over the counter medication?

YES/NO (please circle and initial) _____

Youth's email address and phone number will ONLY BE USED BY THE YOUTH DEPARTMENT for communication and notification of upcoming events.