

PERMISSION SLIP FOR
SANCTUARY UNITED METHODIST FELLOWSHIP
YOUTH EVENTS

NAME OF YOUTH _____

Address _____ Zip _____

I give my permission for Sanctuary United Methodist Fellowship to transport my child to all youth activities that may be held off of the church premises during the 2008 -2009 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: _____

I hereby release Sanctuary United Methodist Fellowship 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: _____
