

# 2010 ANNUAL YOUTH MINISTRIES PERMISSION SLIP

--One form for each child please--

To whom it may concern: I, <parent's name> \_\_\_\_\_, the parent/legal guardian of <youth's name> \_\_\_\_\_ grant my permission to attend and participate fully in **Main Street United Methodist Church (MSUMC) Youth Ministries** sponsored group activities/events/trips **for the year of 2010** (January 1<sup>st</sup> through December 31<sup>st</sup>). Additional permission is granted to furnish my child with the necessary transportation, food, and lodging during each activity/event/trip.

**I hereby** release MSUMC, the staff and leadership from any and all liability, claims, or demands for personal injury, sickness or death, as well as property loss/damages/expenses, of any nature whatsoever which may be incurred **by the child** while participating in sponsored activities/events/trips.

**I hereby** also hereby give permission for my child to ride in any vehicle designated by the adults in whose care the minor has been entrusted while attending and participating in activities sponsored by MSUMC.

**I hereby** give my permission for my child's pictures to be used in promotional items and publications (fliers, bulletins, videos, website pages, etc.) of MSUMC.

**I hereby** authorize the adults, in whose care the minor has been entrusted to consent to any X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. **I** shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the child listed above. Should it be necessary for our child to return home due to medical reasons or behavioral reasons (or otherwise), **I** shall assume all transportation costs.

**I** also understand that cell phone usage is a privilege and my child will abide by the guidelines laid out by the leaders so that activity's/event's/trip's meaning and purpose will not be disrupted or cheapened in any way.

**I** will contact **Main Street United Methodist Church** in writing if and when any of the above information changes.

\_\_\_\_\_  
Father's/Male Guardian's Signature

\_\_\_\_\_  
Mother/Female Guardian's Signature

\_\_\_\_\_  
[Today's Date]

**Home Phone:** \_\_\_\_\_

**Parent Cell Phone:** \_\_\_\_\_

**HOSPITAL INSURANCE**  Yes  No

Insurance Company: \_\_\_\_\_

Policy#: \_\_\_\_\_ Physician & phone: \_\_\_\_\_

*Please provide this information as it is asked for only once a year, is used primarily if out of state or you cannot be reached!*

**CHILD'S INFORMATION:**

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**School/Grade:** \_\_\_\_\_

Health concerns we need to be aware of (allergies, seizures, nose bleeds, food allergies, etc.): \_\_\_\_\_

Medications currently/regularly taken: \_\_\_\_\_