

FIRST UNITED METHODIST CHURCH YOUTH PERMISSION SLIP

Youth Member Name: _____

Address: _____

Telephone Number: _____

Parent/Guardian Name: _____

Cell Phone Number: _____ Work Number: _____

Insurance Carrier: _____ Insurance Number: _____

Physician's Name: _____ Telephone Number: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Telephone Number: _____

Allergies or Medical Problems: _____

I, _____, give my child, _____,
permission to participate in the church sponsored activity on (date) _____ to
(place/activity) _____,
and give First United Methodist Church my permission to seek emergency medical
attention for my child, from the date of signature below and expiring one year after that.

DRIVING/RIDING PERMISSION

My child has permission to **drive to/from this activity:** yes no

My child has permission to **drive other youth:** yes no

My child has permission to **ride with a youth driver:** yes no

***IF ANY YOUTH MEMBER MISBEHAVES, FIRST UNITED METHODIST
CHURCH HAS THE RIGHT TO CALL THEIR PARENTS AND HAVE
THE YOUTH MEMBER PICKED UP FROM THE ACTIVITY.***

Parent/Guardian Signature: _____ Date _____

Youth Member Signature: _____ Date _____