



ANNUAL PERMISSION SLIP  
PUYALLUP UNITED METHODIST CHURCH  
YOUTH GROUP EVENTS



NAME OF YOUTH(S) May list all names within the same family (use back of form if necessary)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

I give my permission for Puyallup United Methodist Church to transport my child to all youth activities that may be held off the church campus during the next youth group year. I understand that responsible adults over the age of 25 from the church will drive my child to and from the activity. All of these adults have been background checked and are trained in the Safe Sanctuary policies of the church.

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:(list more names and birthdates on the back of the form)

\_\_\_\_\_ Birth date \_\_\_\_\_

I hereby release Puyallup 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: \_\_\_\_\_ 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: \_\_\_\_\_

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) \_\_\_\_\_

This form is good for one year from the date of signature.