

Youth Ministry Permission Slip

Please complete this form for *each participant*.

Child's Name: (Last) _____ (First) _____

Birth Date: _____

Home Address: _____

City/State/Zip: _____

Parent(s) / Guardian(s): _____

Email: _____

Home Phone: _____ Mobile Phone: _____

Medical Information

Please complete this section so health providers can be aware of your child's health needs.

Allergies? Yes _____ No _____

If Yes list allergies: _____

Any information that would help us understand your child's needs?

Does child have any condition that would prevent him/her from participating in any of the activities of this program?

Yes _____ No _____

Emergency Contact: _____

Relationship To Participant: _____

Home Phone: _____ Mobile Phone: _____

Release: I hereby consent to have my child participate in **MidWinter Advance** sponsored by St. Andrew's United Methodist Church, **which includes transportation to/from the event**. I also grant my **permission for medical treatment and procedures as deemed necessary or in case of an emergency**.

I give my consent that any and all photography/artwork/videotapes/electronic representations and/or sound recordings of my child may be used by St. Andrew's UMC including use on the website as well as any and all social media pages that are used by the church.

Signature of Parent/Guardian: _____ Date: _____