

Youth Permission Slip

I hereby give permission for		(youth's name)
to attend	(event) on	(date)
at		(place).
In case of emergency, please contact		
Telephone #	Cell Phone #	
The following person(s) have permission t	o pick up my child(ren)	
It is assumed that all due care and precau and members in attendance at the above will assume NO responsibility.		
Does your youth have any known allergies	s? yes no	
If yes, please list		
Will your youth be taking any medication	during event? yes _	no
If yes, please list		
Yes, Ibuprofen or acetaminophen of for minor aches or pains.	<i>can</i> be administered to my	youth if requested
Yes, an updated medical informati on file in the church office, so I ha		
No, a medical information and trea and I have completed the form or above stated event.		on file for my youth t so my youth can participate in the
Yes, I give my consent for any picture y event to be shared in any future y (According to Chelsea First United no identifying information, included)	youth publications and/or o d Methodist Church Digital	n the church's website. <i>Communication Policy</i>
Parent/Guardian Signature	Phone	
I understand that my behavior is either a Methodist Church, agree to participate to		
Youth's signature		

This permission form is required in order to attend all youth activities either at or sponsored by Chelsea First United Methodist Church.