



Salem United Methodist Church UMYF

Permission Slip

I, _____ give my permission for my child, _____, to attend and participate in Salem UMYF and children events from Aug 1, 2016 to July 31, 2017 sponsored by the Salem United Methodist Church.

The undersigned agrees to authorize an adult, in whose care the minor has been entrusted, to consent to any medical care to be rendered to the minor on the advice of a physician or dentist in the event of an emergency.

The undersigned does also hereby give permission for the minor to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Salem United Methodist Church.

Hospital Insurance ___ Yes ___ No

Insurance Company Name _____

Policy Number/Group Number _____

Doctor's Name _____ Phone Number _____

Dentist Name _____ Phone Number _____

Emergency Numbers:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Please list any allergies (including food allergies), special medical problem, medication, or other elements that your child may have: _____

Parent/Guardian Signature _____ Date _____