

PERMISSION FORM
Gethsemane United Methodist Church
910 Addison Road South
Capital Heights, MD 20743
(301) 336-1219

Church Permission Slip

We are excited that your child will be joining us on our church activity! In an effort to ensure the safety and well-being of our children and youth, we are requiring each child/youth and their parent/guardian to read and sign this permission slip and turn it into the Ministry Leader at least one day prior to the activity. In addition, we are requiring that each child/youth turn into the Ministry Leader a completed **“Child/Youth Medical Form”** at least ONE DAY BEFORE the activity. Medical forms shall be good for twelve months at a time and must be completed and turned into the church after again after each six month period. Thank you for your cooperation.

DATE(S) _____ EVENT: _____

NAME OF CHILD/YOUTH ATTENDING EVENT: _____

MINISTRY/ORGANIZER: _____

EVENT DATES: _____

DESTINATION(S) (MUST LIST ALL): _____

My child has permission to attend the above mentioned activity.

I give _____ permission to seek out emergency medical care for

Group leader's name

my child in the event that I am not immediately available or am unable to do so.

OTHERS AUTHORIZED TO PICK UP CHILD (ID Required)

_____/_____

Name/Relationship to attendee

Name/Relationship to attendee

Primary Care Physician: _____

Physician's Phone #: _____

Health Insurance Carrier: _____

Policy Number: _____ Group Number: _____

An updated Health Form is on file with the Church.

Signature _____ Date _____

(Please enclose copy of front and back of insurance card)