

# Simpsonwood United Methodist Church

## Permission Slip/ Medical Release form for **Child/Youth**

I give permission for my child, \_\_\_\_\_, to participate  
(name of child/children attending)

in the \_\_\_\_\_  
(name and/or location of event/activity)

on \_\_\_\_/\_\_\_\_/\_\_\_\_.

I give permission to a Simpsonwood United Methodist Church representative to seek medical assistance for my child, in the event of an emergency and will not hold the church or any of their representatives or staff responsible for sickness, injury or death resulting from physical unfitness of my child to participate in the activities described above. In case of medical emergency, I understand every effort will be made to contact a parent or guardian at the information listed below.

Pictures may be taken of the individual for use in publicity of Simpsonwood United Methodist Church. (*circle one*) yes no

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name of person to contact in the event of emergency if we cannot contact parent:

Name \_\_\_\_\_

Phone \_\_\_\_\_