

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 MYF Outings off Campus from August 7, 2019 to May 24, 2020

(name and/or location of event/activity)

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 _____