

TURNING POINTE UMC YOUTH GROUP PERMISSION FORM

Event: _____

Date of Event: _____

Name of Youth: _____

Phone number: _____

Other Emergency Numbers: _____

Grade _____ Date of Birth _____

I, _____ give my permission for my child to participate in the above-mentioned event with the TURNING POINTE UMC YOUTH GROUP. In any case that transportation may be needed, I understand that my child will be assigned to ride with a licensed driver, driving a privately owned or rented automobile.

In the event that my child would need emergency medical treatment, I give permission for the adults in charge of the group to secure the necessary treatment to protect the life and health of my child. I understand that I will be contacted before any medical treatment is begun except where a delay in treatment would not be in the best interest of my child.

Parent/Guardian Signature: _____ Date: _____

Accident/Hospitalization Policy Name:

Policy Number:

Special Medical information that should be noted: _____
