

Van Alstyne FUMC
Generic Youth Group Permission Slip

This generic permission slip can be used if a permission slip for the event is not available

Keep this portion of the permission slip to make note of when and where you pick up your youth.

Event sponsor contact information:

Phone: _____

Pick up information:

Time: _____

Location: _____

.....
(cut off and give to youth minister or event sponsor)

Event Name _____ Event Date _____

_____ has my permission to attend.

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I consent to and authorize the giving of all treatments, medications and the performance of any other technical procedures, which are ordered by a physician for the care of the above named student. I also agree to accept all financial responsibilities incurred as a result thereof.

Signature of Parent/Guardian

Signature of Youth

Please print the information below:

Parent/Guardian Name _____ Home Phone: _____

Cell Phone: _____

Emergency Contact _____ Phone: _____

Family Physician: _____ Phone: _____

Allergies/Current Medications: