

Permission Form for the 2010/2011 School Year

Name _____ Phone _____

Address _____ Zip _____

Parents/Guardian's Name _____

Parents/Guardians Phone _____ Cell _____

I give permission for my child to join the Youth of Shiloh UMC of Goshen, KY, during the 2010/2011 school year. I give my child permission to be driven and chaperoned by qualified volunteers, leaders and Church staff. I hereby release them from responsibility and liability for any illness or injury that my child may sustain during the activity. In event of an emergency, I hereby authorize an adult leader of this activity to act as agent for me, to consent to any x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a physical, surgeon, dentist (as appropriate), licensed to practice under the laws of the state where services are rendered, either at doctor's office or in a hospital. I expect to be contacted as soon as possible. I am aware of the activities my child will be involved with while with the leaders and youth group from Shiloh UMC.

_____ date
parent/guardian signature

In the event that I can not be reached please contact the person below.

Emergency Contact Person:

Name: _____ Relation: _____

Daytime phone: _____ Cellular/Work #: _____

Medical Information: (Required for ALL off campus activities)

Allergies _____

Medications being taken _____

Physical handicaps _____

Medical Insurance Co. _____

Name of Policy Holder _____ Policy # _____

Please return this form to Sherry Parker as soon as possible.