**First United Methodist Church Turlock**

**Annual Permission Slip School Year 2018/2019**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My daughter/son has my permission to participate in the United Methodist Youth Fellowship activities/events for the school year 2018/2019 being sponsored by the First United Methodist Church-Turlock.

I understand that this program includes having my middle or high school student

together with other students and with adult supervision. Activities include but are not limited to: bowling, laser tag, ice-skating, movies, out of town outings, concerts, service projects etc. Any fees associated with the events will vary and are the responsibility of the parent unless otherwise stated. I also understand that my child(ren) may be transported in private automobiles by designated First United Methodist Church-Turlock employees and/or designated adult leaders or parents.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

I understand that, that in the event medical treatment is required for my minor child, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff/volunteers of the First United Methodist Church of Turlock, California, to obtain and consent to any medical treatment deemed necessary to advisable and rendered by any physician or surgeon licensed under the provisions of the Medical Practices Act, whether treatment is rendered at an office, hospital or urgent care facility.

MEDICAL INSURANCE CARRIER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian Phone/Cell #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian Phone/Cell #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Emergency Contact Phone/Cell #

You have my permission to use photographs, slides or videos in which my child, appears for First United Methodist Church publicity purposes, including but not limited to our bulletin boards, webpage, news releases, Facebook and Instagram pages.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature Date