

**PERMISSION FORM FOR  
CATALINA UNITED METHODIST CHURCH YOUTH EVENTS**

NAME OF YOUTH \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

I give my permission for Catalina United Methodist Church and its representatives to transport my child to all youth activities that may be held off of the church premises during the 2013-2014 Youth Ministry year. I understand that responsible adults from the church will drive my child to the activity unless I give my permission for other arrangements.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Should emergency medical treatment be necessary and I cannot be reached, I authorize any of the adult youth workers to act on my behalf to approve appropriate medical treatment for:

Name of Youth: \_\_\_\_\_

I hereby release Catalina United Methodist Church and its representatives of any liability for emergency, injury, or death while in transport to and/or participation in a church-sponsored activity. I understand I am responsible for expenses incurred in an emergency involving my child.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/ Guardian Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency contact (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's name and phone number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies and other conditions of which adult youth workers should be aware: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permission to give over the counter medication? Yes No (please circle and initial) \_\_\_\_\_