



## Youth Group at Clinton United Methodist Church

Please fill out the form and return to Emma or drop-off in the church office!

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please list medications/food to which they are allergic:

\_\_\_\_\_

I hereby give my permission for the child listed above to attend youth group at Clinton UMC and use church-provided transportation for outings. I understand that my children will be under adult supervision. I further understand that in signing this permission slip, I release and hold harmless Clinton United Methodist Church. By signing this permission slip, I release and hold harmless its trustees, officers, employees and any volunteers from any liability, past or future, fully and completely. I authorize the staff or designated medical professionals and/or volunteers to administer emergency medical assistance if I cannot be reached.

Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_