NAME OF YOUTH

Address Zip

I give my permission for St. John’s United Methodist Church to transport my child to all youth activities that may be held off the church premises from January 1, 2023, to December 31, 2023. I understand that responsible adults from the church will drive my child to the activity.

**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: Birth date

I hereby release St. John’s 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: