

Simpsonwood Youth Ministries

Permission Slip/Medical Release Form

I give permission for my child, _____, to go to
_____ on _____, 2009.

I give permission to a **Simpsonwood United Methodist Church** staff person to seek medical assistance for my child, in the event of an emergency.

Parent or Guardian Signature

Date

Home Phone _____

Business/Other Phone _____

Name of person to contact in the event of emergency if we cannot contact parent:

Name _____

Phone _____