

**ST. MARK'S UNITED METHODIST CHURCH**  
**Youth Ministry PERMISSION FORM**

I give my child \_\_\_\_\_, grade \_\_\_\_\_, permission to attend all  
(Please Print Youth's First and Last Name) (grade)

St. Mark's Youth Ministry programs and events for the 2009-2010 school  
year and the summer months of 2010.

In the event my child becomes ill or sustains injury while on an authorized and chaperoned outing from St. Mark's United Methodist Church, 2391 St. Mark's Way, Sacramento, California, I, the undersigned, give my permission to those in charge to take whatever steps necessary to stop any bleeding and/or to administer first aid.

I further consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and any hospital care, and to the administration of any drugs and/or medicine which may be rendered to my child under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon. I understand this consent will apply to all emergency situations and that a copy of this form is as valid as the original.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) Name(s):(Please Print) \_\_\_\_\_

Family Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list current health issues and/or medications currently being taken by your child:

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

Insurance Company: \_\_\_\_\_ Participant #: \_\_\_\_\_

DOB: \_\_\_\_\_

If an emergency should arise and we are unable to reach you... who should we call?

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

(Turn Over)

**Youth Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Youth Cell:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Youth E-mail:** \_\_\_\_\_

**Primary Guardian(s) Name(s):** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent Cell: \_\_\_\_\_

Parent Cell: \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_

**Secondary Guardian(s) Name(s):** \_\_\_\_\_

Should mailings be sent to this address as well? Yes No

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent Cell: \_\_\_\_\_

Parent Cell: \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_