

TRINITY UNITED METHODIST CHURCH ~ 605 W. GOLF ROAD ~ MT. PROSPECT, IL 60056
Parental Permission – complete and return to Youth Leader

My youth, _____, has my permission to attend the **Trinity UMC youth**
group activity: _____

I give the adult leaders of the youth group authority to act on my behalf if my child should need emergency medical care. I understand that I will be contacted as soon as possible if health or safety issues warrant action to be taken. I can be reached at the numbers below during the above dates.

My child's known allergies and medical/health conditions are listed here:

I understand that the group expectations of participants will be enforced, including this policy:
Youth may not leave any group activity early, especially overnights, without their parent picking them up and contacting adult leaders in advance. If a youth leaves, leaders and church cannot be responsible for him or her while he or she is absent. Youth may not come and go during activities. If they leave, parents will be contacted and they may not return unless prior arrangements have been made with adult leaders.

Signature: _____ Date: _____
(parent or guardian)

Emergency contact and phone numbers: _____
(please print clearly)