

St. Luke's United Methodist Church
UMYF Activity Permission Slip

_____ has my permission to attend the
(name)

_____ on _____ through _____
(activity) (start time & date) (end time and date)

Cost: _____

This includes all side trips that the group may take. I will assume all responsibility for accident and/or injury. By signing this permission slip, I release St. Luke's United Methodist Church, the St. Luke's United Methodist Fellowship, and all adult leaders from all liability. I also understand that any consequences for individual behavior is the responsibility of the above named youth and not the responsibility of any adult leader on this trip.

SIGNED: _____

RELATIONSHIP: _____

PHONE NO.: _____

Medical / Surgical Release

I hereby grant my permission for medical and/or surgical care to be rendered to my

son/daughter _____ under the direction and
(name)

discretion of the adult leaders, during the time _____ through _____.

I have sickness/accident insurance with: _____

My complete insurance numbers are: _____

Signed: _____