

# **ACTIVITY PERMISSION SLIP**

**DEER PARK UNITED METHODIST CHURCH**

**1300 E. 13<sup>TH</sup> ST.**

**DEER PARK, TEXAS 77536**

**281-930-1300 FAX 281-930-9931**

*Youth Ministry Information*

My child and I have read the "Trip/Activity Participation Guidelines" and I give permission for \_\_\_\_\_ to participate in **DPUMC Youth Ministry Events** sponsored by Deer Park UMC of Deer Park, Texas in the calendar year of **2012**. I understand the nature and risk level of activity in which this child will be a participant. I also give permission for the participant to ride on DPUMC owned, rented, or volunteered vehicles used for this activity. I authorize any staff member or chaperone of DPUMC to administer necessary first aid and/or procure necessary medical aid at or from any licensed medical facility or physician's office. I also authorize the selected physician(s) and/or medical facility to provide such medical treatment as necessary for the above participant. I further agree to be responsible for any medical expenses, and/or damage incurred on behalf of/or by the above participant.

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Medical Insurance Coverage \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Holder \_\_\_\_\_

Person to contact in case parent(s) can't be reached \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Participant's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Participant's Social Security Number \_\_\_\_\_

Other comments or information regarding this participant (i.e. allergies, medications, etc.) \_\_\_\_\_