

I give my permission for the _____ to attend:

Name of student

Name of Event

with the Dutilh United Methodist Church Youth Ministry on: _____

Date

I am aware that my child will be transported by a Dutilh United Methodist Church Staff member or adult volunteers.

In the event of an emergency, I hereby authorize consent for medical treatment as needed. I have completed an Emergency and Medical Information card and provided a copy of my student's medical insurance card to Dutilh United Methodist Church, or I have provided updated medical information if it has changed recently.

Furthermore, by my signature, I release Dutilh United Methodist Church, the staff and volunteers of any liability that may result in the event of an emergency during this event.

Parent or Guardian's Signature

I give my permission for the _____ to attend:

Name of student

Name of Event

with the Dutilh United Methodist Church Youth Ministry on: _____

Date

I am aware that my child will be transported by a Dutilh United Methodist Church Staff member or adult volunteers.

In the event of an emergency, I hereby authorize consent for medical treatment as needed. I have completed an Emergency and Medical Information card and provided a copy of my student's medical insurance card to Dutilh United Methodist Church, or I have provided updated medical information if it has changed recently.

Furthermore, by my signature, I release Dutilh United Methodist Church, the staff and volunteers of any liability that may result in the event of an emergency during this event.

Parent or Guardian's Signature and date