

**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

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\_\_\_\_\_  
Parent or Guardian's Signature and date