Sydenstricker United Methodist Church
8508 Hooes Road
Springfield, Virginia 22153
Phone: (703) 451-8223

Parental Permission Slip for Events of Sydenstricker United Methodist Church (SUMC)

I _____ give my permission for my son/daughter,
name

_____ to attend _____
first middle last SUMC event

at _____. I understand that he/she will be meeting
location

at _____ at _____ am/pm on _____
location time date

and returning to _____ at _____ am/pm on _____.
location time date

Medical Information	
Allergies to medicine(s):	Allergies to foods, plants, insect stings, etc.:
1.	1.
2.	2.
3.	3.
Medicine(s) presently taking:	
1.	
2.	
Name of family physician:	Telephone number:
Name of insurance company:	Policy number:

I understand that my son/daughter will be traveling in transportation provided or arranged by SUMC. I authorize the Youth Advisors to administer first aid or to seek emergency medical treatment in the event of illness or injury. I herby give my permission to the medical personnel selected to order x-rays and routine tests, and to provide medical treatment (including hospitalization), for the person named above.

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant (parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature of parent/guardian: _____

Parent's home telephone number: _____

Parent's alternate telephone number: _____
Work Cell Phone Emergency Contact

Date: _____