



Open hearts. Open minds. Open doors.
The people of The United Methodist Church®

**Youth Activity Permission Slip
 2009-2010 Program Year**

_____ (Child's Name) _____ has my permission to attend the Lakewood United Methodist Church Youth Group/Children's Ministry activities during the 2009-2010 program year.

Signature of Parent or Guardian

Date

Home Phone: _____ Cell: _____

Alternate Contact Person: _____ Phone: _____

ALLERGIES/ MEDICATIONS (or any conditions we should be aware of i.e. physical limitations, ADD/ADHD, etc.): _____

Insurance Provider: _____ Policy Holder: _____

ID #: _____ Group #: _____

Preferred Doctor: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned parent/guardian, authorize emergency medical, dental, health or hospital treatment. In the event that additional treatment is needed, the staff of the Emergency Room of the hospital listed above, or nearest to the event location, has permission to treat my child.

Signature of Parent or Guardian

Date

Lakewood United Methodist Church
 15700 Detroit Avenue, Lakewood, OH 44107
 Phone: 216-226-8644