

Mulberry Street United Methodist Church Child Protection Policy

**MULBERRY STREET UNITED METHODIST CHURCH
EVENT PERMISSION SLIP**

To Whom It May Concern:

_____ has my permission to go with the _____
(name of child/youth)

_____ on the following event
(name of group) (event)

at _____ on _____
(location of event) (date of event)

(Parent/Guardian Signature and date signed)

Phone number in case of emergency: _____

Where parent(s)/guardian may be reached during the event:

Alternate contact in case parent(s)/guardian cannot be reached:

Medical/Health Information

Allergies, medication, hay fever, insect bites, asthma, food, other: _____

Other pertinent health history information: _____

Does your child/youth have any conditions that would prevent him/her from fully participating in this program? If yes, please explain: (specific activities/foods to avoid) _____

List any medication to be taken during the event which will be kept by the leaders during the event: _____

Preferred Doctor _____ Phone _____

Preferred Dentist _____ Phone _____

Preferred Eye Doctor _____ Phone _____

Preferred Hospital _____ Phone _____

EMERGENCY MEDICAL AUTHORIZATION

I give my consent for emergency medical treatment by a certified first aider. In the event that additional treatment is needed, the staff of the Emergency Room of the hospital listed above, or one closest to the event location, has my permission to treat my child/youth

Parent/Guardian Signature _____ (Date) _____

Parent/Guardian Name (print) _____

Address _____

Phone (home) () _____ (Work) () _____

Hospitalization Plan and Group # _____

Approved by the Administrative Board/Council (11/1/07)

Amended 8/20/08