

# YEARLY PERMISSION SLIP

## (Part 1)

TO WHOM IT MAY CONCERN:

\_\_\_\_\_ has permission to go with  
(Print Child's Full Name)  
Prince of Peace United Methodist Youth Fellowship on Local or Interstate trips/  
events of 24 hours or less during the calendar year 20\_\_\_\_. Please  
(Year)  
seek any medical assistance needed while my child is with this group on these  
trips/events.

Parent/Guardian: \_\_\_\_\_  
(Print Full Name)

Home Phone #: \_\_\_\_\_

Other Phone #: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**AUTHORIZATION OF CONSENT TO TREATMENT OF A  
MINOR  
(Part 2)**

TO WHOM IT MAY CONCERN:

I, the undersigned parent/guardian of \_\_\_\_\_,  
(Print Child's Full Name)  
a minor, do hereby authorize adult Youth Counselors with the youth of the Prince of  
Peace United Methodist Church, as agent(s) for the undersigned, to consent to any  
examination, x-ray, anesthetic, medical or surgical diagnosis/treatment and hospital  
care which is deemed advisable by, and is rendered under the general or special  
supervision of any physician/surgeon licensed under the provision of the Medical  
Practice Act on the medical staff of a licensed hospital, whether such diagnosis/  
treatment is rendered at the office of said physician or at said hospital.

Please list known:

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(Print Full Name)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone # (Home): \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

Health Insurance by which participant is covered: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
(If Applicable)

Insurance Carrier's Phone #: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**AUTHORIZATION OF CONSENT TO POST PHOTOGRAPHS  
ON THE YOUTH WEB PAGE  
(Part 3)**

TO WHOM IT MAY CONCERN:

I, the undersigned parent/guardian of \_\_\_\_\_,  
(Print Child's Full Name)  
a minor, do hereby authorize the use of photographs of my child on the  
Prince of Peace Youth Web Page ([www.popumc.org](http://www.popumc.org)).

Parent/Guardian: \_\_\_\_\_  
(Print Full Name)

Home Phone #: \_\_\_\_\_

Other Phone #: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date