



Savoy United Methodist Church Youth Ministry 2021/2022

Student's Name	Student Cell #	Date of Birth
Street Address	City	State, Zip Code
Home Phone	Grade	School

Permission for Trips

My student / dependent has permission to travel to, attend and participate in regularly scheduled activities and special activities that are two nights or less, sponsored by Savoy UMC's Youth Ministry. I understand that my student's youth sponsors will follow the Savoy UMC Youth standards. I give permission for my student to ride in a staff member's or volunteer driver's car. All drivers are licensed and insured. Students are to abide by Savoy UMC's Youth covenant. Failure to do so will result in your student being sent home at the expense of their parent or guardian.

**** By checking "No" I am requesting to sign individual permission slips for each activity.**

Yes No Initialed _____

Permission for Use of Photos

I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings of my student / dependent may be used by Savoy UMC Youth for public relations and publicity purposes to include but not limited to newspapers, printed materials, website and social media. I understand that their last name and residence will not be used for publicity purposes by Savoy UMC Youth.

Yes No Initialed _____

Permission for Emergency Medical Treatment

In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to a representative of Savoy UMC Youth to seek treatment for my child and/or dependent minor by a licensed physician pursuant to Illinois law. I release Savoy UMC, it's leadership, staff and volunteers from responsibility and liability for any injury or illness sustained during these activities, events, and/or programs. Please fill out the Medical Release Form attached below. **** If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions, and attach to this form.**

Yes No Initialed _____

Emergency Contact Information

Parent Agreement: I have read and understand this annual permission slip. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the Savoy UMC Director of Youth Ministries, Rebecca Anderson, at rebeccah@savoyumc.org .

Name:	Phone:	Relationship to Child:
Name:	Phone:	Relationship to Child:
Printed name of Parent / Guardian:	Signature of Parent / Guardian:	Date:
Parent Email:	Mobile Phone:	Work Phone:



Savoy UMC Youth Ministry (Medical Release Form)

Medical Information

List all known medical conditions: food allergies and/or drug allergies. In addition, include any and all over-the-counter and/or prescription drugs taken regularly.

Physician's Contact Information

Personal & Office Name:	Address:
Phone Number:	Second Phone Number:

Insurance Policy

Health Insurance Company Name:	Policy Number:
Phone Number:	

Restrictions

Food Restrictions:	
Activity Restrictions:	

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Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____