

**NORTHGLENN UNITED METHODIST CHURCH  
UMYF PERMISSION SLIP FOR 2007-2008 YEAR**

I give my permission for \_\_\_\_\_ to attend UMYF sponsored functions where transportation away from the church is necessary. I understand that youth will only be transported in cars or other vehicles that are driven by sponsors or other adults. I will not hold the Northglenn United Methodist Church or its representatives responsible for any incident in which my son or daughter is involved. I give my permission for UMYF to act on my behalf in the event that medical care is required in the case of emergency.

In case of an emergency, I can be reached at \_\_\_\_\_ HOME  
\_\_\_\_\_ CELL  
\_\_\_\_\_ WORK

In case of an emergency and I cannot be reached, please notify:

Family member / close friend \_\_\_\_\_

Telephone number: \_\_\_\_\_

Doctor \_\_\_\_\_

Telephone number: \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy / Group Number \_\_\_\_\_

My youth takes the following medications or is allergic to the following:  
(If none, please state so)

\_\_\_\_\_

Is there anything else we should know about?

\_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date