

Christ United Methodist Church Permission Slip

Personal Information

Name _____ Birthdate _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip Code _____

Home phone # _____ Cell phone # _____ (optional)

E-mail address _____ **ACTIVITY:** _____

Medical Information

Check the appropriate blank if you have ever had any of the following apply to you.

___ Allergies (including drug)

___ Bee/wasp Reaction

___ Dizziness or fainting

___ Hay Fever

___ High Blood Pressure

___ Penicillin allergy

___ Physical Disability

___ Respiratory Problems

___ Asthma

___ Diabetes

___ Epilepsy

___ Heart Trouble

___ Operation in last year

___ Pregnant

___ Regular Medication

___ Other

Please explain if other category is marked

Insurance Company _____

Policy Number _____

In case of Emergency Contact (different than the address provided above):

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell phone _____

Relationship _____

As the parent/legal guardian of the above named minor, I give my permission for him/her to participate in the Christ United Methodist Church activity mentioned above. I certify the above information is correct to the best of my knowledge. In an emergency I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery on my child named above. I understand that every reasonable effort will be made to contact me before these actions are taken.

Signature _____ Date _____

Relationship to participant _____

8540 U.S. 31 South Indianapolis, IN 46227 (317) 882-1549
Kevin Patton, Youth Director Cell (317) 372-2398