



student ministry
Pleasant Hill United Methodist Church

Permission Slip for Travel & Medical Care

This letter will verify that my child is traveling with Children Staff, Advisors and/or representatives of Pleasant Hill UMC with my permission. Further, I give consent and appoint these representatives as my true and lawful agent and attorney-in-fact to obtain any and all reasonable medical or surgical treatment.

This letter is effective from June 2015-June 2016

Child's Full Name: _____

Child's SS #: _____ - _____ - _____ Child's Date of Birth: ____/____/____

Address: _____

Phone: (____) _____ Grade: _____

Name of Parents/Guardian: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____

Other Emergency Contact: _____

Home #: _____ Cell #: _____ Work #: _____

Medical Profile

Known Allergies: _____

Medication(s) I am currently taking: _____

Family Doctor & Phone: _____

Insurance Company: _____

Policy #: _____ Phone: _____

Please attach a copy of your current medical insurance cards.

I hereby give my permission for my child to receive any needed medical attention while in the custody of the Pleasant Hill UMC Children or Youth Ministries Adult Leaders.

Printed Name of Parent/Guardian

Signed Name of Parent/Guardian

Date Signed: _____