

**Haxtun United Methodist Church**  
Youth Outing Permission Slip

I \_\_\_\_\_ give my permission for my daughter/son \_\_\_\_\_  
(name of Parent/Guardian)

\_\_\_\_\_, to participate in \_\_\_\_\_ . I  
(name of activity)

understand this particular event will take place from \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_  
(time) (time) (date/dates)

While I understand all reasonable measures will be taken to prevent a medical emergency, should emergency medical treatment be necessary for my daughter/son while on this outing and I cannot be

reached, I hereby authorize \_\_\_\_\_ (or any other adult sponsor at this event) to  
(name of sponsor)

act on my behalf and to approve the appropriate treatment as recommended by professional medical personnel.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Is your daughter/son presently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what? \_\_\_\_\_

Does your daughter/son have any known allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what? \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

**Release of Liability Statement**

I, the parent (or legal guardian) of \_\_\_\_\_, do hereby release the  
(Participant's name)

Haxtun United Methodist Church, as well as any designated sponsors/leaders from any liability in the event of an accident occurring during the activity stated above.

Date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
(Parent or Guardian)