

**PERMISSION FORM**  
**Westminster Presbyterian Church**  
**Youth Group**

Youth Participants Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Guardian Name (s): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Special Notes, Concerns, Illnesses or Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**Emergency Release:** I give my child permission to participate in events sponsored by the Youth Fellowship Team of Westminster Presbyterian Church. It is my understanding that in the event my child or charge is ill or injured, I will be contacted in person or by telephone at the location (s) or number(s) provided on this sheet. If, however, this is not possible, I do grant Westminster staff members Shelly White Wood, Mark Merrill, Lonnie Lee or an adult chaperone permission to authorize emergency medical treatments recommended by the treating health care provider until such time as I am notified.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_