



**PERMISSION FORM**  
**Kyle United Methodist Church -- Youth Group**

**This form is active for one year after the dated signature.**

Youth Participant's Name: \_\_\_\_\_

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

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

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

Father/Guardian Name: \_\_\_\_\_

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

Mother/Guardian Name: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Release:**

I give my child permission to participate in events put on by the Kyle United Methodist 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 grant Kyle UMC staff members Barbara Aziz, Dave Dillon, Jessica Bates, or an adult chaperone permission to authorize emergency medical treatments recommended by the treating health care provider until such time as I can be notified.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_