

PITMAN UNITED METHODIST YOUTH PERMISSION SLIP

CHILD SAFETY INFORMATION

I give permission for my child _____ to
participate in _____ on
_____.

I understand that they will be in vehicles driven by members of Pitman United Methodist Church. I will not hold Pitman United Methodist Church or its members liable in any way for any injury sustained. I also give my permission for those adults in charge to obtain any medical care they feel is necessary for my child.

The Pitman United Methodist Church has adopted a "Safe Sanctuary Policy." According to this policy, no less than two adults can be with a group of children at any time; however, this is not always feasible. In such circumstances, a form is issued waving this rule. Do you permit your child to be part of a group where this rule is waived if necessary (recognizing that additional rules are in place to protect your child under certain circumstances)?

YES _____ NO _____

Parent/Guardian signature: _____ **Date** _____

Address: _____ **City** _____ **State** _____

Phone: _____ **e-mail:** _____

*******All information is kept confidential by the Church *******