
Permission Slip & Medical Release Methodist Youth Group September 1, 2016- August 31, 2017

I give permission for my child _____ to participate in activities/ events with the Methodist Youth Group (MYF) as promoted by the First United Methodist Church. I give permission for my child to ride to any MYF day-trip sponsored event with an adult leader/ chaperone. I understand that a separate permission slip will be needed for any overnight (except lock-ins) activities.

I further understand that there may be movies shown that are PG-13 and give my permission for my son/ daughter to watch them.

My child will be traveling home from youth group events using the following methods: (Check all that apply)

Walking _____ Driving themselves _____ Parent Pick up _____

In the event of an accident or emergency, I give consent for the medical treatment of the above mentioned child.

Printed Name of Parent/ Guardians

Signature of Parent/ Guardian

Contact phone number

Emergency Contact; In the event that I cannot be reached please contact:

Name: _____

Address: _____

Phone: _____

Relationship: _____

Please list any special medical conditions, restrictions, or allergies (food or medicine):

Parent Email: _____

Parent Cell Phone Number: (If not listed above) _____

Youth Email: _____

Youth Cell Phone Number: _____

Please keep this for your reference!!

Advisors:

Holly Letourneau	603-833-7490	email: umber@theletourneaus.net
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Jeff Hunt	603-923-1633	email: jjhrev@gmail.com
Church Phone	603-948-1179	MYF Email: fumcyouthgroup15@gmail.com

All events will be posted on the church's website www.firstumcrochester.org under MYF. Parents are invited to attend/ chaperone any event. Please see one of the advisors if you have any questions, concerns, or suggestions.

Any changes in the schedule will be communicated via email to parents and youth in a timely manner.