

# **GREENSBURG UMC STUDENT MINISTRIES PERMISSION SLIP**

Please fill out one per student

Name:	
Home Phone:	Cell Phone
Email Address	
Street Address	
CityState	Zip
Birthdate:// Grade (21-22)	

Please initial next to each statement to grant permission and sign at the bottom.

## **Permission of Participation**

\_\_\_\_\_ I give permission for the above named student to join and participate in the Greensburg UMC's Student Ministries Events for September 2021 through August 2022.

#### **Medical Release**

\_\_\_\_\_ I release Greensburg UMC from responsibility and liability for any injury or illness that my child may sustain during this activity. I authorize the Greensburg UMC's staff to act as an agent for me, to consent to any emergency medical treatment and hospital care advised and supervised by a physician, surgeon, or dentist licensed to practice under the laws of the state of Ohio. I expect to be contacted as soon as possible.

#### Media Release

\_\_\_\_\_ I grant permission for my child to be photographed and to have any photos used in any print or electronic publication created by Greensburg United Methodist Church.

## **COVID Statement**

I understand that Greensburg UMC is following the CDC Recommendations at this time which states non-vaccinated persons are asked to wear a mask indoors except during designated times and activities. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, GUMC has put in place preventative measures to reduce its spread. However, GUMC cannot guarantee that its participants, volunteers, or others in attendance will not become infected with COVID-19.

## **Emergency Contacts**

Name	Relation	Phone (Cell/Home)
Name	Relation	Phone (Cell/Home)
Doctor		Phone
Dentist		
Medical Insurance Company		
Policy Number	Medications being taken	
Allergies, Handicaps or Limitations:		
Emotional concerns or other conditions	with which leaders	should be familiar