

Cargill Youth Permission Slip

Cargill United Methodist Church
2000 Wesley Ave, Janesville, WI 53545

I _____ hereby give permission for my son/daughter to participate in the following church activity:

Youth's Name: _____

Church Activity:

Date of Activity:

- I authorize my child to be transported, as needed, via transportation provided by authorized church staff. I understand that should my child have special needs in regard to transportation or walking, as it may apply to this trip, it is my responsibility to inform the Youth Director in advance.
- I hereby acknowledge that the Medical Release Form on file with the church signed by the undersigned is up-to-date and in full force and effect.
- I understand that all members of the Youth Staff are responsible adults and I trust their abilities to be in charge of this group.
- I understand that Cargill United Methodist Church strives to maintain a safe environment for my child at all times. I understand that it is my responsibility to communicate any safety concerns to the Youth Director immediately.

Parent/Legal Guardian

Date