



Meadowbrook Youth PERMISSION SLIP FOR 2018



Complete this form for 2018.

This form will be retained by the Meadowbrook Youth Pastor.

Student's Name	Student Cell #	Date of Birth
Street Address	City	State, Zip Code
Home Phone	Grade	School

Permission for Trips

Yes No*

Initialed _____

My student/dependent has permission to travel to, attend and participate in MY sponsored activities that are two nights or less, and not considered high-risk activities as outlined by Meadowbrook Community Church. I understand that my student's small group leader will follow the MY standards.

* By checking "No" I am requesting to sign individual permission slips for each activity.

Permission for Use of Photos

Yes No

Initialed _____

I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings of my student/dependent may be used by Meadowbrook Youth for public relations and publicity purposes to include but not limited to newspapers, printed materials, website and social media. I understand that their last name and residence will not be used for publicity purposes by Meadowbrook Youth.

Permission for Emergency Medical Treatment

Yes No

Initialed _____

In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to a representative of Meadowbrook Youth to seek treatment for my child and/or dependent minor by a licensed physician pursuant to Illinois law. I know of no reason(s) why my student/dependent may not participate in prescribed activities except as noted on the Health History Form. **If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions, and attach to this form.**

EMERGENCY CONTACT INFORMATION

Name	Telephone (s)	Relationship to Child
Name	Telephone (s)	Relationship to Child
Parent Agreement		
I have read and understand this annual permission slip. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the Meadowbrook Youth Pastor or my students small group leader.		
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
Street Address (if different from student's)	City/State/Zip	Email Address
Home Telephone	Work Telephone	Mobile Telephone