

PERMISSION FORM

Event: Camping at St. John Lake site, 12553 Hwy 28 South, Clarks Hill, SC
Group: St John Youth
Date of event: Saturday, November 3 at 4pm – Sunday, November 4, 2018 at 10am.

For the parent:

I, the parent/guardian, grant permission for my child _____ to attend and participate in this event with St. John Church. I also grant permission for my child to receive any medical emergency care and authorize the leadership team to obtain that care for my child when necessary and appropriate if I cannot be reached. I agree to be responsible for the total costs of all medical care on behalf of my child. In the event where medical attention may be provided, I release St. John church, its staff, volunteers and the leadership team, as well as the North Georgia Conference of the UM Church from any liability in connection with my child’s participation in this program. This includes transportation provided. I also agree to come and pick up my child from this event if he/she fails to abide by the rules set forth by the leadership team.

Emergency phone numbers: _____

Please list allergies, including medications: _____

Please list current medications and medical conditions that we should be aware of:

____ I will require transportation of my child back to St. John UMC, 736 Greene St, on Sunday morning to arrive at 11am.

____ I will pick up my child at the lake by 10am.

Signature of parent or guardian: _____

Date: _____

For the Youth:

I agree to participate in the planned programs and activities of this event. I agree to abide by the rules set by the leadership staff. I understand that failure to abide by the rules may result in my being sent home.

Youth’s signature: _____