

**Wesley Way United Methodist Church  
Youth Ministry Permission Slip  
2021-2022**

NAME: \_\_\_\_\_ GRADE/SCHOOL \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

BEST WAY TO CONTACT ME IS...

\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_

PHONE \_\_\_\_\_

**I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN  
THE FOLLOWING YOUTH MINISTRY ACTIVITY:**

\_\_\_\_\_  
I grant my permission to Wesley Way UMC to use photographs of my child taken during any activities/events sponsored by Wesley Way UMC to be used in any publications, electronic form, or media (including, but not limited to Wesley Way UMC website and Facebook page.)

\_\_\_\_\_  
**IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I  
HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED  
BY THE YOUTH DIRECTOR OR CHAPERONE TO SECURE  
PROPER TREATMENT FOR MY CHILD.**

Signature: \_\_\_\_\_