

GREENSBURG UMC STUDENT MINISTRIES PERMISSION SLIP

Please fill out one per student

Name:		
Home Phone:		
Email Address		
City	StateZip	
Birthdate:/	Grade (21-22)	
Please initial next to each stateme	at to grant permission and sign at the bottom.	
Permission of Participation		
I give permission for the abo Ministries Events for September 20	ve named student to join and participate in the Greensburg UMC's Student 21 through August 2022.	
Medical Release		
sustain during this activity. I autho	om responsibility and liability for any injury or illness that my child may rize the Greensburg UMC's staff to act as an agent for me, to treatment and hospital care advised and supervised by nsed to practice under the laws of the state of Ohio. I expect	
Media Release		
	hild to be photographed and to have any photos used in any print or reensburg United Methodist Church.	
COVID Statement		
non-vaccinated persons are asked Because COVID-19 is extremely col put in place preventative measure	Ig UMC is following the CDC Recommendations at this time which states to wear a mask indoors except during designated times and activities. Itagious and is spread mainly from person-to-person contact, GUMC has to reduce its spread. However, GUMC cannot guarantee that its in attendance will not become infected with COVID-19.	
Signature of Parent or Guardian		

Please see back

Emergency Contacts

Relation	Phone (Cell/Home)
Relation	Phone (Cell/Home)
I	Phone
	Phone
Medications being taken	
n which leaders should b	e familiar
	Relation