

Hudson United Methodist Church

Parent Consent Form

To Whom it May Concern:

_____ has my permission to go with the
(name of child/youth)

HUMC Youth Group on the following event _____

at _____ on _____
(location) (date of event)

Does your child/youth have any conditions that would prevent him/her from fully participating in this program? Yes _____ No _____

If yes, please explain: _____

Address and Phone where parent(s)/guardian may be reached:

Name Address and Phone of contact in case parent(s)/guardian cannot be reached:

Medical health information: (allergies, contact lenses, medication, hay fever, insect bites, asthma, others: _____

List medication to be taken during event, which will be kept by leaders during the event:

List medication the child/youth will keep: _____

(Signature)