

Rolling Hills UMC Youth Permission Slip

Student's Name _____

Student's Cell Phone # _____

Home Address _____

City _____ State _____ Zip _____

Home Phone # _____

Age _____ Grade _____ -

Parent/Guardian Name _____

Address if different from above _____

Parent Cell Phone # _____

Health Insurance Company _____ Group # _____

ID # _____

Emergency Contact if Parent/Guardian cannot be reached

Name and relationship _____

Telephone # _____

I give my permission for _____ to attend the following event with the Rolling Hills United Methodist Church Youth Group:

Parent/Guardian Signature _____

Date _____