

PARENTAL CONSENT FORM
United Methodist Youth Fellowship
The First United Methodist Church of Warsaw, Indiana, Inc.
179 South Indiana Street ~ Warsaw, IN 46580
Office: (574) 267-6933 / Fax: (574) 267-7281
(Please print all information.)

Permission is granted for (youth name): _____

to attend, to participate, and/or to be transported to and from **All 2023-2024 Youth Group Events.**

I/We understand that **Courtney Sale or another qualified adult through Warsaw FUMC** will be chaperoning this event.

Permission is granted for any health clinic, hospital physician, or health agency to provide dental or medical treatment for the youth while he/she is under the supervision of the adult sponsors of any youth activity. I understand every attempt will be made to contact me.

PARENT/GUARDIAN _____

ADDRESS _____

HOME PHONE _____ **WORK PHONE** _____

CELL PHONE _____

E-MAIL _____

ALTERNATE EMERGENCY CONTACT INFORMATION

Name/Relationship _____

Telephone/Cell Phone _____

SPECIAL INFORMATION THE YOUTH LEADERS NEED TO KNOW:
(For example: medications, allergies, special diet, etc.)

(Parent/Guardian Signature)

(Date)