



GENERAL PERMISSION SLIP

Name _____

Address _____

Contact # Home _____ Cell _____

Are there medical conditions we should be aware of? _____No _____Yes

If yes, please describe: _____

Please list any medication you are currently taking: _____

Are you allergic to any foods or medications? _____No _____Yes

If yes, please list: _____

Does registrant have medical insurance? _____No _____Yes (attach copy of card)

I understand that Timonium United Methodist Church does not provide accident or medical insurance for registrants, including youth, parents, or volunteer chaperones. Furthermore, I understand that, in the event of an emergency wherein my child requires medical treatment, all reasonable effort will be given to notify the parent, guardian, or other such emergency contact. By signing this form I agree that my insurance carrier will be accessed and that I may be billed by the medical provider for expenses not covered by my insurance.

Parent/Guardian *Signature* _____

Printed Name _____

Emergency Contact Name _____

Contact # Home _____ Cell _____