

**PERMISSION FORM**  
**Orange UMC Church Student Ministry**

**Lock-In ~ February 3, 2012**  
**10:00pm to 8:00am**

Youth Participants Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent/Guardian Name (s): \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Release:** I give my child permission to participate in events sponsored by the Youth Fellowship Orange UM Church. It is my understanding that in the event my child or charge is ill or injured, I will be contacted in person or by telephone at the location (s) or number(s) provided on this sheet. If, however, this is not possible, I do grant an adult chaperone permission to authorize emergency medical treatments recommended by the treating health care provider until such time as I am notified.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_