



**St. Luke UMC**  
**9915 Montwood**  
**El Paso, Texas 79925**  
**915-591-8126**

**PERMISSION SLIP**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PARENT(S) NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **MOBILE PHONE:** \_\_\_\_\_

**EVENT:** \_\_\_\_\_ **DATE(S)** \_\_\_\_\_

My son/daughter \_\_\_\_\_ has my permission to accompany the group from St. Luke UMC on the above listed trip(s) on the above listed date(s) and related activities. I hereby indemnify and hold harmless St. Luke UMC and/or those involved for any accident or injury to my above named child. Further, I grant my permission for my above named child to be given medical treatment in the event of an emergency requiring such treatment. For such treatment, the following information is provided(attach separate sheet if needed).

**INSURANCE COMPANY:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**ALLERGIC HISTORY:** \_\_\_\_\_

**CURRENT MEDICATIONS:** \_\_\_\_\_

**OTHER PERTINENT INFORMATION:** \_\_\_\_\_

In the event of an emergency and parents cannot be reached, please provide the name, address, and phone numbers of two persons who can be contacted.

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PARENT(S) SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Approved February 12, 2015*