



**St. Luke's United Methodist Church
Youth Ministry Permission Form
300 Ella Taylor Road
Yorktown, VA 23692**

I give my permission for my youth_____ to
participate in a St. Luke's United Methodist Church event

to: _____

on: _____

We will leave the church at: _____ and return at: _____

It is understood that the staff will do everything possible to ensure my youth's safety. St. Luke's United Methodist Church is not responsible for injuries or personal property loss.

I further give my permission to the staff of St. Luke's United Methodist Church to secure emergency medical treatment for my child if I cannot be contacted.

Telephone numbers where parent can be contacted:

Parent Signature

Date

***Has your medical insurance information changed? If so,
please be sure to update your Annual Medical Release Form.***