## **Permission Form**

## ORCHARD UNITED METHODIST CHURCH GENERAL PERMISSION SLIP & RELEASE OF LIABILITY

I, the parent/legal guardian of	
Signature of Parent/Legal guardian:	Date:
Parent/Guardian's Printed Name:	
Emergency Contact:	
	Cell phone:
2nd Emergency Contact:	Phone:
Zild Emorgency Contact.	Cell phone:
Any special medical problems or drug allergies the leader	·
Doctor's Name:	Dr's phone:
Insurance Comp:	
Policy Number:	
Additional Comments:	
PHOTO RELEASE (initial one choice):  I do <b>NOT</b> give permission for my child's picture to  I give Orchard United Methodist Church permission	be used

I give Orchard United Methodist Church permission to photograph my child and use his or her picture solely for the church's publications, i.e., newsletter, Facebook page, slideshows. Orchard United Methodist Church will never publish a child's name with any of its publications.