

St. Paul's United Methodist Church

600 Wilshire Blvd, Stevens Point, WI 54481

715.344.3557

EVENT PERMISSION FORM

I, the undersigned parent or guardian, do hereby grant permission for my child/ youth,

_____, to attend _____
(name) (event/ activity)

on _____.
(date)

I understand that my child/ youth will ride in a vehicle driven by one of the adults from St. Paul's United Methodist Church. During this event/ activity I can be contacted at the following phone number in case there is a need.

In addition to the Medical Treatment Consent for _____,

Signature of Parent/Guardian

Phone #

Date