

Bellingham Unitarian Fellowship
High School Youth Permission Slip for 2012-2013 Church Year

This form indicates that I, _____, give

permission for my son/daughter, _____, to participate in some or all of the activities listed below. My initials next to each type of activity indicate my consent. No initials indicate that I would need more information before giving my consent or that I do not give my consent.

_____ I give my son/daughter permission to participate in BUF sponsored field trips away from the church—including but not limited to: visiting other churches or houses of worship, going to restaurants, coffee houses, bowling alleys, ice skating rinks.... Or other places that the group decides to go.

_____ I give my son/daughter permission to ride in the personal vehicles of the youth advisors and/or the BUF van to travel to BUF sponsored events and field trips. I understand that it is BUF policy to have more than two people in vehicles whenever possible.

_____ I give my son/daughter permission to watch R-Rated movies during youth group events that have been carefully selected by the group and the youth advisors that contain important issues for discussion and/or consideration.

_____ I give my son/daughter permission to participate in overnight events at BUF with the understanding that they will stay in the presence of the group and engage in the activities of the group which will include the presence of at least one youth advisor as well as another individual.

I understand that BUF staff and volunteers will, to the best of their abilities, provide a safe environment for my child and that they cannot be held responsible for injuries sustained while my child is in their care. I authorize BUF staff and volunteers to seek medical care for my child(ren), in the event that immediate medical attention is required while he/she is in BUF care. I have noted on the bottom or back of this form, any special conditions that would warrant attention.

In case of emergency, please contact _____

at _____ . My child's Doctor is:

_____ and can be reached at _____.

Signature of Parent or Guardian

Date