

Appendix L
St. Mark's United Methodist Church
Safe Sanctuary Policy and Procedures
Permission Form

Child/Youth Name: _____

I grant permission for my child/youth to participate in

activity/activities supervised by staff/volunteers of St. Mark's United Methodist Church.

I understand that if my child/youth does not follow the direction of the staff/volunteers, I will be called to come pick up my child/youth.

I grant permission for my child/youth to ride in an authorized vehicle with appropriate supervision.

I understand that I must have a signed Emergency Care Information Form on file at St. Mark's UMC.

Printed name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____