



# the way

St. Mark's Student Ministries

8140 N.W. 36<sup>th</sup>  
Bethany, OK 73008  
(405) 789-9033

[www.stmarksbethany.org](http://www.stmarksbethany.org)

## Medical and Participation Permission Slip for Youth 2011/2012 School Year (weekly trips)

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Part 1

Parents: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Phone # (home) Phone # (cell)

Relative/Friend: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Phone # (home) Phone # (cell)

Doctor: \_\_\_\_\_ / \_\_\_\_\_  
Name Phone #

Insurance Co. and Number: \_\_\_\_\_

### Part 2

Our son/daughter may participate in any church sponsored activities such as clinics, workshops, rallies, festivals, conferences, camps, retreats, field trips, concerts, picnics, etc. We understand that by giving permission for him/her to go on any approved trip we release the drivers and the church from the responsibility for individual accidents or injury. By signing this statement, we give permission for hospital and medical treatment if necessary. We also give permission for St. Mark's Student Ministries to videotape and/or photograph our child while participating in youth activities. We also give permission for the videos and/or photographs to appear on promotional materials for St. Mark's Student Ministries.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 3**

Please list any pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc. Information contained herein will be confidential. Please use the bottom of the form for additional space. (Please Print)

---

---

---

---

---

---

---

---

---

---

**Part 4**

Any additional information needed: \_\_\_\_\_

---

---

---

---

---

---

---

---

**Part 5**  
**Covenant of Conduct**

\_\_\_\_\_  
**Signature of Youth**

In all activities under the sponsorship and/or guidance of St. Mark's United Methodist Church, I am a representative of the Christian community and I am responsible for my action. I understand the following guidelines will be followed:

1. I will not bring or use firearms, explosives, illegal drugs, alcoholic beverages or tobacco products.
2. My conduct will be in keeping with the highest Christian regard for all people.
3. I will follow all dress codes and dress appropriate for my Christian witness.
4. I will be expected to participate in all group activities.