

ANCHOR STUDENT MINISTRIES PERMISSION SLIP  
Created October 4, 2017  
For September 1, 2018 through August 31, 2019  
*Please return this completed form to one of the Anchor leaders*

**CHILD INFORMATION:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Birthdate \_\_\_\_\_

E-mail \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

List any allergies or medical conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parent(s) or guardian(s) name(s) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency contact if parent(s) or guardian(s) cannot be reached:

Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Medical Insurance Policy Number \_\_\_\_\_

The above has my permission to participate on the Westland Free Methodist Church Anchor Student Ministries events from September 1, 2018 through August 31, 2019. I also understand that Westland Free Methodist Church Anchor Student Ministries is not liable should injury come to my child. I give permission for emergency medical care to be given by a hospital should my child need such treatment before I am contacted.

Signature of parent or guardian: \_\_\_\_\_