

**Oak Forest UMC Children's Ministries  
ACTIVITY AUTHORIZATION**

I, \_\_\_\_\_, parent/guardian of  
(NAME OF PARENT OR GUARDIAN)

\_\_\_\_\_, give my permission  
(NAME OF CHILD)  
to the staff of Oak Forest United Methodist Church and its adult volunteers  
for my child to participate in the following activity:

**\*Parent's Night Out at Oak Forest UMC on February 9, 2018**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Permission To Pick-up \_\_\_\_\_

Parent/Guardian Cell Phone(s) \_\_\_\_\_

*Additional Emergency Contact:*

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Special Needs/Allergies \_\_\_\_\_

I hereby release Oak Forest United Methodist Church, its staff and sponsors, from responsibility and liability for any injury or illness that my student may sustain during activities. (Initial) \_\_\_\_\_

In the event of an emergency, I authorize an adult leader of the activity, as agent for me; to consent to any treatment needed by a physician, surgeon, or dentist licensed to practice under the laws of the state where the services are needed. (Initial) \_\_\_\_\_

**Parent/Legal Guardian Signature:**

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

*Relative to my child, I hereby give permission to:*

◆ Incorporate a recognizable digitized image, still or video, on our Internet web page or social media accounts, to publicize Oak Forest United Methodist Church. (This website will be used as a means of advertisement and information for current & prospective families.)

**Yes**

**No**

◆ Allow a recognizable still image in a local newspaper or advertisement in connection with an event or activity at Oak Forest United Methodist Church. I understand that this image will only have my child's name attached if permission is given at time of publication.

**Yes**

**No**