

**SADBURY UNITED METHODIST CHURCH**  
**God Squad Permission Slip**

I give my child/ward \_\_\_\_\_ permission to attend the God Squad event \_\_\_\_\_ taking place on \_\_\_\_\_, leaving SUMC at \_\_\_ and returning \_\_\_\_\_. I understand that my child will be under the supervision of God Squad Mentors and other designated chaperones. I understand that my child may be driven by God Squad Mentors or designated chaperones. I give permission to the God Squad Mentors or their designee to authorize medical treatment for my child in case of emergency and under the recommendation of qualified medical personnel.

Please list any **allergies** or **medical** conditions:

---

---

---

**Medical Insurance Information:**

Insurance C. \_\_\_\_\_ Policy # \_\_\_\_\_

If group policy, group name \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # \_\_\_\_\_

Cell # \_\_\_\_\_