

YOUTH (UNDER 18) OFF PREMISES PERMISSION SLIP

IF YOUR MEDICAL INSURANCE OR YOUR CHILD'S MEDICAL INFORMATION HAS CHANGED, PLEASE UPDATE THE
"KUMC MEDICAL AND CONTACT INFORMATION FORM (YOUTH)" PRIOR TO THIS EVENT

Name of Child: _____ Home Phone: _____

Home Address: _____

Parent(s) Name(s): _____

Cell Phone: _____ Emerg. Contact: _____

On _____, KUMC will be holding an off premises activity, described as:

I am the above listed child's parent or legal guardian. I hereby give my permission and consent for the child to participate in the off premises activity. If I have not already signed a KUMC MEDICAL AND LIABILITY RELEASE AND HOLD HARMLESS (YOUTH) form for my child, I understand that I must do so before my child will be allowed to participate in this activity. By signing below, I renew my agreement with the terms contained in the KUMC MEDICAL AND LIABILITY RELEASE AND HOLD HARMLESS (YOUTH) document.

Name Signed

Name Printed

Date