

First United Methodist Church
Permission Slip/Emergency Information for Special Events

I, _____, the parent of _____
hereby give my permission for my child to participate in the following church
sponsored event:

Including travel with First United Methodist Church via a qualified driver's
vehicle or church van or bus to and from:

Phone Information:

Parent/Guardian _____ Parent/Guardian _____

Home# _____ Home# _____

Work# _____ Work# _____

Cell# _____ Cell# _____

In case of emergency, who do we contact if parents are not available?

Name _____ Phone _____

Name _____ Phone _____

Allergies: _____

Specify any physical handicaps and/or limitations in activities recommended:

In case of emergency, the child will be transported to the nearest medical
facility by ambulance

I hereby authorize First United Methodist Church staff/volunteer to care for my
child and secure emergency medical care.

Parent's signature _____ Date _____