

FUMC Graham Field Trip Permission Form

Date: _____ Time: _____

Place: _____ Cost: _____

Call _____ at _____ with any questions.

You will need to bring: _____

Please sign and return the lower portion of this form to _____

No later than _____

*****UMYF members do not need to fill out address or health information**

Printed Parent(s) Name: _____

Home Address: _____

Home Phone _____ Cell Phone _____

Health Insurance Company: _____

Policy # _____

Allergies _____

Should emergency medical treatment be necessary, I authorize the adult leaders to act on my behalf and approve appropriate treatment.

I do hereby release the First United Methodist Church of Graham, the Church Staff, all sponsors and volunteers involved with this trip from any and all liability resulting from physical injury, property damage, or other injury or damage which occurs in connection with the trip.

_____ has my permission to go to
(Participant's First and Last Name)

_____ on _____
(Event) (Date)

(Parent/Legal Guardian signature)

(Date signed)