

NEWTOWN UNITED METHODIST CHURCH

Parent/Guardian Permission Form

My son/daughter, _____

Has permission to participate in _____ (event)

Date: _____ Time: From _____ a.m./p.m. To _____ a.m./p.m.

It will take place at _____.

I understand that where transportation is necessary it will be provided by volunteer adults in their private vehicles.

I acknowledge receipt of details of this event such as costs, times of departure and return, purpose of the event and adult leadership.

My son/daughter has the following medical condition: _____

My son/daughter has the following allergies _____.

My son/daughter is taking the following medications _____.

During the activity, I (we) can be reached at:

Address _____ Phone _____

In the event of an emergency we will make every attempt to reach you. If you cannot be reached, the following person is authorized to act on my(our) behalf:

Name _____

Address _____ Phone: _____

Relationship to participant _____

Physician's name: _____ Phone _____

Parent or guardian's signature _____ Date: _____