

OFF-SITE ACTIVITY FORM

PARENTS: Fill out this form, and return by _____

PARENTAL PERMISSION

I, _____, give my child _____

Permission to attend offsite activities for the calendar year of _____.

I understand that my child will be transported by a designated adult staff person or a certified adult volunteer of the group in any off-site activity.

Parent/Legal Guardian Signature

Address

Phone

Cell

In the event that I cannot be reached in an emergency situation, call _____
Name

Relationship

Phone

Cell

I authorize Nolensville First UMC to use photographs of my child for the purpose of telling a story or promoting the interests of children's ministry in their publications and on their website. I understand my child's name will not be used in combination with photos.

Yes No

Parent/Legal Guardian Signature

Date

EMERGENCY MEDICAL RELEASE

In the event that my child, _____, becomes ill or sustains an injury while on an authorized and chaperoned outing from **Nolensville First United Methodist Church** in Nolensville, Tennessee, I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer first-aid. I also consent to any necessary and emergency medical treatment including but not limited to the following: an x-ray examination, anesthetic, medical (or dental) or surgical diagnosis and treatment and hospital care, and the administration of drugs or medicines, to be rendered to my child upon the advice of a duly licensed physician and/or surgeon.

I understand that this consent will apply to all emergency situations, present and future, and that a copy of this form is valid as the original. This consent is to remain in effect until I revoke this consent in writing.

Signature of Parent or Legal Guardian

Address, City, State, Zip

Telephone Number

Date

Birth date of child: _____

Any special health problems? Describe _____

Any allergies? Describe _____

Health Insurance Company: _____

Group Number: _____ Certificate Number: _____

Emergency name and phone number in the event a parent cannot be reached:

Name

Relationship

Phone number

Alternate phone number

This form is to be signed by parent/guardian in the presence of a notary. Most hospitals require a notary seal.