

First United Methodist Church  
Children's Ministry

\_\_\_\_\_ has my permission to accompany  
FUMC on an event by van or bus on \_\_\_\_\_ to \_\_\_\_\_.  
(DATE) (LOCATION)

In case of emergencies, please contact:

PERSON	Phone	Relationship
_____	_____	_____
_____	_____	_____

I do hereby request and give consent to the Director of First United Methodist Church Children's Ministries, or a duly appointed representative, for \_\_\_\_\_ to receive such medical and surgical aid as may be deemed expedient by a duly licensed or recognized physician or surgeon in case of emergency when the parent(s) cannot be reached. Consent is given for emergency medical treatment, if parent(s) cannot be reached. I additionally give consent for my child to attend the event listed above.

\_\_\_\_\_  
(Parent/Guardian Signature and Date)

\_\_\_\_\_  
(Witness Signature and Date)