

**Shady Grove UMC Children and Family Ministries
Permission Form**

Please complete the form below and send it along with your child. Your child WILL NOT be able to leave campus without a completed permission form.

Name of Event _____

Date of Event _____

Participant Name _____

Date of Birth _____

Special needs/allergies _____

Phone where parent can be reached during activity: _____

Street Address _____

City/State/Zip _____

Emergency Contact Person and relationship to child _____

Emergency Contact Phone _____

- I give permission for my son/daughter _____ to attend SGUMC Children and Family Ministry field trips and events.
- In the event of injury, I release Shady Grove UMC from any claim.
- I give permission for my son/daughter to ride in the vehicles designated by the adult in charge.
- I give permission for the person in charge to seek medical services if needed.

Parent name _____ Date _____

Signature _____

Insurance company _____ Policy Holder _____

Policy Number _____ Group Number _____

Insurance Phone _____

If you have HMO, please state requirements of that policy on back in order for person in charge to seek medical help.