

Permission Slip for AUMC Field Trips

Name: _____ Date of Birth ____ - ____ - ____

Address: _____

City/Zip: _____

Home Phone _____

Mom's Cell: _____ Dad's Cell: _____

Parent's Names: _____

Name/Phone# of Physician: _____

Allergic to: _____

Medical History: _____

My child can take: Children's Tylenol: Yes No Children's Benadryl: Yes No

IF PARENTS CAN NOT BE CONTACTED

In case of emergency call: _____

Day Phone#: _____ Cell Phone #: _____

Insurance Information

Group or Family Hospitalization Insurance Company: _____

Group#: _____ Policy#: _____

Medical Release

I, _____, legal parent/guardian of _____, give permission to him/her to attend activities with Acton United Methodist Church. I hereby release Acton United Methodist Church, its staff, and volunteer sponsors of any liability in the event of accident or injury.

I, _____, authorize Kim Howard or any AUMC sponsor to obtain any and all necessary medical and/or dental attention and/or treatment for me or my named minor child, including surgical procedure if advised by the attending physician.

Signed: _____ Date: _____

Transportation release

I, _____ give Acton United Methodist Church Permission to transport my child to _____ on _____. I release the Acton UMC, its staff and volunteers of any liability in relation to this transportation..

Signed: _____ Date: _____