

Hernando United Methodist Church Off-Site Event Permission Form

What:

(Please describe the event that you are granting permission for your child to attend)

When:

(Please list the date that the event will take place)

Name of Child: _____

Date of Birth: _____

Permission is hereby granted for my child to attend the above event under the supervision of the representatives of the Hernando United Methodist Church, and for said representatives to obtain any necessary medical attention in the event of injury or illness. I do verify the provided information to be correct and release Hernando United Methodist Church and its representatives from any claims arising out of damage or injury sustained during this event.

Parent's Signature _____ Date _____

Allergy or other health information: (that we need to know in your absence)

Parent's Home Phone Number: _____

Parent's Cell Phone Number: _____

Other Emergency Contact Name: _____

Phone Number: _____

My child will be:

riding in our own vehicle

riding with the following adult in their vehicle _____

riding in the church van

** Please be advised that according to Safe Sanctuary policy that all children 4 years old or younger, or those weighing less than 40 pounds, must be secured in an appropriate car seat or booster chair. **