

Sunrise United Methodist Church

Permission Slip & Medical Release

(Please complete a separate form for each child/youth)

My child, _____, has my permission to attend the event listed below. In the event my child needs medical care, I authorize the adult chaperones, to secure the needed medical attention for my child. Any permissions granted by this form are only for the duration of the event, including transportation time.

Event: _____ Pilgrimage
Event Location: _____ Fayetteville, NC
Event Date: _____ November 11-13, 2011
Event Start Time: _____ 3:30pm

Please list medical insurance information below:

Insurance Company: _____
Policy number: _____
Group Number: _____
Other relevant information about coverage: _____

Please list any allergies (food and/or drug) or medical conditions below:

Emergency Contact Name: _____
Please list the best phone number to reach the above person: _____

Parent signature

Date