

PERMISSION FORM:  
FOR PARTICIPATION AND EMERGENCY MEDICAL TREATMENT

Please print neatly:

Child's Name: \_\_\_\_\_

Name and Address of Local Church: FUMC Monroeville 324 Pineville rd  
Monroeville, AL 36460

I give my consent for my child to be transported by, and for the chaperones, the FUMC staff and/or qualified medical personnel to act on my behalf in securing and administering necessary emergency medical care and treatment for:

Name of Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Numbers where I may be reached:

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Is any of your child's health information different from that found on the health form on file, if so please explain \_\_\_\_\_