

PERMISSION SLIP
Temple Terrace United Methodist Church

Child's Name: _____

Date of Birth: _____ Social Security #: _____

Address: _____

Parent/Guardian 1: _____

Phones - Home: _____ Work: _____ Cell: _____

Parent/Guardian 2: _____

Phones - Home: _____ Work: _____ Cell: _____

Activities: (Initial all that apply)

_____ I give my child permission to attend activities at Temple Terrace United Methodist Church (TTUMC).

_____ I give my child permission to attend activities with TTUMC at other locations with advance notice to me.

_____ I give representatives of TTUMC (paid staff or volunteers) permission to transport my child in the church van or private vehicles with advance notice to me.

Activities may contain certain risks. Activities include but are not limited to the following:

Swimming at a pool or the beach, bowling, skating, movies, concerts, outdoor recreation, boating, sports, and games.

_____ My child is medically and physically fit to engage in the above listed activities and has the necessary skills to safely participate in these activities

Medical Treatment: (Initial all that apply)

_____ I give representatives of TTUMC (paid staff or volunteers) permission to administer first aid for minor ailments including giving my child over-the-counter medications as needed.

_____ I give representatives of TTUMC (paid staff or volunteers) permission to give my child the following medication. I understand that I must provide this medication in the original container.

Please list name of medication, dose, time of administration, medical condition.

I understand that I must complete an Authorization for Emergency Medical Treatment for my child to participate in activities if I am not present at the activity.

Exclusions:

I do not want my child to participate in the following activities.

Please list: _____

Parent or Legal Guardian (Signature)

Date