Child's Name	School Year: Graduating Class of	
Child's Birth Date:	Child's Grade (if applicable)	



PARENTAL PERMISSION, RELEASE AND CONSENT TO MEDICAL TREATMENT

TAKENTALT EKIMOOION, KEELAGE AND OONOENT TO MEDICAL IKEATMENT			
		F EACH PARENT, GUARDIAN OR DRMATION AS THE NEED ARISES.	
The undersigned, being the parent, g	guardian, or managing	conservator of	
	I by CHRIST UNITED er traveling in the chu	, such child being under child to accompany the group and METHODIST CHURCH (hereafter erch owned bus or in other buses or private from the date hereof until canceled by	
informed of the church sponsored ac	ctivities for my child. If church sponsored a	nd consent to medical treatment. I will keep f I do not want my child to accompany the ctivity, I will take sole responsibility to see	
or damages suffered by the above	child and agree to re	sors and helpers from any liability for injury elease, indemnify and waive any rights by , employees, drivers, sponsors and helpers	
I can be reached at the following tele	phone numbers:		
Home Phone			
Dad (Cell)	Dad (Work)	
		x)	
My child does not have any medical period to any medicines to my knowledge, company to any medicines to my knowledge, company to any medical period to any		nysical conditions, nor is my child allergic g:	
	` ,	mpanying my child to obtain emergency ation of this authorization or a photocopy	
Insurance Company:			
Group Insurance Number:			
		(Office Phone)	
(Address)	(City)		
Signature of Parent, Guardian or Ma	naging Conservator	 Date	