



The United Methodist Church of Monroe
Youth Group Off-Site Activity/Field Trip
Permission Slip

I hereby authorize and give my permission for _____ (Youth's name),
to participate in the following Confirmation Off-Site Activity/Field Trip:

Date: _____ Event: _____

Location: _____

I understand that volunteer staff, chaperones and trip leaders will supervise my child while on this trip. I also understand that my child will be transported in private vehicles of volunteers.

Check One:

My child needs no special considerations during this activity.

My child has the following special needs or considerations related to this activity:

_____.

Authorization for Emergency Treatment:

I hereby give permission to the supervisors and authorized drivers of church off-site activities/field trips and other events of the United Methodist Church of Monroe to consent to X-rays, tests, treatment, anesthetic, medical or surgical diagnosis or treatment, and necessary transportation for my child. In the event of an emergency, if I cannot be contacted I hereby give permission to the physician selected to administer treatment, including hospitalization for my child. I will pay the cost of any such medical procedures or treatment.

I also agree to assume any and all financial responsibility for the participant's care while under the supervision of the United Methodist Church of Monroe or its representatives.

I hereby release and waive all claims against the United Methodist Church of Monroe, its employees, representatives and volunteer drivers and chaperones related to this off-site activity/field trip.

This permission form has been signed only after understanding and considering all of the information set forth above.

Signature: _____ (Parent/Guardian)

Print Name: _____ Date: _____