OFF-SITE ACTIVITY FORM

PARENTS:	Fill out this form, and return by

PARENTAL PERMISSION

I,	, give my child(ren) _	·
Nolensville First United Met designated adult staff person child(ren) permission to atte Conference, Nolensville First for negligence, damages, loss	or a certified adult volunteer of the great any event with NFUMC or travel United Methodist Church, its leaders,	d that my child will be transported by a oup in any off-site activity. In giving my with NFUMC, I release the Tennessee employees, and volunteers from liability thild(ren). I understand that I and/or the
Parent/Legal Guardian Signature		
Address		
Phone	Cell	
In the event that I cannot be	reached in an emergency situation, call	
		Name
Relationship	Phone	Cell
interests of the NFUMC child my child's name will not be u	dren's ministry in their publications an sed in combination with the use of any	oose of telling a story or promoting the d on the NFUMC website. I understand photos. I further acknowledge and agree cify NFUMC in writing that I revoke this
	Parent/Legal Guardian Signature	Date
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EMERGENCY MEDICAL RELEASE

in Nolensville, Tennessee, I, the undersigned are necessary to stop any bleeding and to emergency medical treatment including but medical (or dental) or surgical diagnosis and medicines, to be rendered to my child upon the I understand that this consent will apply to a this form is valid as the original. This consent	, becomes ill or sustains an d outing from Nolensville First United Methodist Church, give my permission to those in charge to take whatever steps administer first-aid. I also consent to any necessary and not limited to the following: an x-ray examination, anesthetic, treatment and hospital care, and the administration of drugs or e advice of a duly licensed physician and/or surgeon. All emergency situations, present and future, and that a copy of t is to remain in effect until I revoke this consent in writing.
Birth date of child:	Health Insurance Company:
	Certificate Number:
Any special health problems? Describe	
Any allergies? Describe	
Emergency name and phone number in the ev	vent a parent cannot be reached:
Name	Relationship
hone number Alternate phone number	
Signature of Parent or Legal Guardian	Date
Address, City, State, Zip	
Telephone Number Cell Phone Number Subscribed and sworn before me on this day of	
Notary Public, my commission expires	