

Permission/Release form 2023-2024 School Year

Emergency Treatment/Release:

I give my child permission to participate in the activities and events sponsored by TUMC. I understand that all precautions will be taken to ensure my child's safety, and I release and discharge Trinity United Methodist Church and its employees from all causes of actions, suits or claims arising out of any injuries or damages (to persons or property) resulting from my child's participation in TUMC activities or events, including field trips.

In the event of an illness or accident which requires immediate medical treatment at a time when a parent **cannot be located**, I give permission for Kristi Lee, Director of Children's Ministries, to authorize such treatment. This is done with the understanding that every attempt will have made to contact the parents or legal guardian, the child's physician and other persons listed as emergency contacts.

Child's Name: _____

Parent or Guardian's Signature: _____

Print Name of Parent or Guardian's Name: _____

Date: _____

Persons to contact in an emergency (other than parent or legal guardian):

Please provide 2 contacts that will be able to reach you quickly and/or give us information about your whereabouts. Please do not include any out-of-town people on the list.

Also, we are requesting that you provide your cell phone and physician's name and number for emergency purposes.

Parent Cell Phone: _____

Physician's Name and Phone: _____

Contact #1	Contact #2
Relationship:	Relationship:
Phone:	Phone: