

Park Street United Methodist Church Belmont, NC
Safe Sanctuaries Activity/Trip Permission Slip

Name: _____

Date(s) of Activity/Trip: _____

Destination of Activity/Trip: _____

In case of an emergency, please contact:

Name: _____ Relationship: _____

Phone: home _____ cell _____ other _____

Name: _____ Relationship: _____

Phone: home _____ cell _____ other _____

Allergies/Medical Info: _____

Our family agrees to honor and adhere to the Safe Sanctuaries Policies and Procedures adapted by Park St UMC while away on this activity/trip.

Hold Harmless Agreement

I understand that participation in some activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Park Street UMC, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Medical Permission to Treat

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Parent Signature

Date

Youth/Child Signature

Date

(Following is required for trips traveling more than 50 miles from meeting area and overnight stays only)

On this day _____ personally appeared before me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this _____ day of _____, 20____.

My commission expires: _____ Notary Public.