

## South River United Methodist Church Trip Permission Form

I give my child/youth \_\_\_\_\_(name), permission to join the Children/Youth Group of South River UMC of Woodleaf, NC on a trip to \_\_\_\_\_(destination) on \_\_\_\_\_ (date).

I hereby release South River UMC, the pastor, all church officers, and all acting children/youth volunteers from the responsibility and liability for any illness or injury that my child/youth may sustain during the activity/trip.

In the event of an emergency, I hereby authorize any adult leader of South River UMC to act as an agent for me, to consent to any x-rays, examinations, medical, dental, or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, dentist (as appropriate), licensed to practice under the laws of the state where the service is rendered, either at a doctor's office or in any hospital.

I expect to be contacted as soon as possible.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*NO ONE may attend an OFF-CAMPUS function with South River United Methodist Church unless a completed and signed Permission Slip and Medical Information and Authorization for Treatment form is on file in the South River UMC church office.*