

# FUMC Graham Permission Form

Date: Sun, March 17 to Peak Resources in Graham

Call **Brian Yoder** at **919-428-1841** with any questions.

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Printed Parent(s) Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

Allergies \_\_\_\_\_

I give FUMC Graham authorization to transport my child, \_\_\_\_\_  
for the KIDS ON A MISSION trip using the church van or personal vehicles. Should  
emergency medical treatment be necessary while providing transportation, I authorize  
the adult leaders to act on my behalf and approve appropriate treatment if I cannot be  
reached.

I do hereby release the First United Methodist Church of Graham, the Church Staff, all  
sponsors and volunteers involved with this trip from any and all liability resulting from  
physical injury, property damage, or other injury or damage which occurs in connection  
with the trip.

\_\_\_\_\_  
(Parent/Legal Guardian printed name)

\_\_\_\_\_  
(Parent/Legal Guardian signature)

\_\_\_\_\_  
(Date signed)