

FUMC Graham Permission Form

Date: Sun, Aug 5 to the Allied Churches Homeless Shelter

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

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)