

MISSION TRIP TO CHILDREN'S HOME

_____ (Participants Name) has my permission to travel with the youth group of Memorial United Methodist Church of Fernandina Beach, Florida for a Mission Trip to the Florida United Methodist Children's Home (51 Main St, Deltona, FL 32725): July 12th-17th, 2021. The cost is \$150 per person. Food and Transportation will be provided daily. By signing I agree that I have received all the proper information on this event. In case of an accident/emergency I give my permission for an adult youth worker to give over the counter medication to my student and/or choose a duly licensed physician to treat my child.

Insurance and policy/group number: _____

Numbers where you can be reached: **Home:** _____ **Cell:** _____

Signed (Adult): _____ **Date:** _____

Signed (Student): _____ **Date:** _____