

Benton United Methodist Church
Permission Slip/Emergency Information for Special Events

I, _____, the parent of _____

Herby give my permission for my child to participate in the following church sponsored event:

Including travel with Benton United Methodist Church via parent's car or church bus to and from:

Phone information: Mother	_____	Father	_____
Home#	_____	Home#	_____
Work#	_____	Work#	_____
Cell#	_____	Cell#	_____

In case of emergency, who do we contact if parents are not available?

Name	_____	Phone	_____
Name	_____	Phone	_____
Name	_____	Phone	_____

Allergies? _____

Specify any physical handicaps and/or limitations in activities recommended:

Child's doctor _____ Phone _____

In case of emergency, the child will be transported to the nearest medical facility by **ambulance**.

I hereby authorize Benton United Methodist Church staff/volunteer to care for my child and secure emergency medical care.

Parent's signature _____ Date _____