

Buford First United Methodist Church

Permission Slip for Off-Campus Activity

Child/Youth Name:

Parents Name

Emergency Contact Person:

❖ **Telephone:**

❖ **Mobile Phone:**

Insurance Policy and number:

Allergies/Medical Information/:

Activity Description & Location: Check those that apply

The child/youth designated above, has my permission to attend the B.F.U.M.C. off-campus function described on this form. By signing this form, I am stating that I am the parent or legal guardian of the child/youth named above.

Signature:

Printed Name:

Relationship: