

## Summer Sizzlers Permission Form

Child's Name \_\_\_\_\_

DOB \_\_\_\_\_ Home Phone \_\_\_\_\_

Mom's Alternate # \_\_\_\_\_ Dad's Alternate # \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_

In case of emergency, if parents cannot be reached, please contact:

	Name	Phone		Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

I, \_\_\_\_\_ (Parent's Name), give permission for my child,  
\_\_\_\_\_ (Child's Name), to ride the bus and/or participate in the following  
trips/activities with Buford First United Methodist Church's children's ministry:

- INK in Gainesville on June 3<sup>rd</sup>
- Laser Tag of Buford on June 9<sup>th</sup> (1<sup>st</sup> through 5<sup>th</sup> graders only)
- Jump for Joy on June 29<sup>th</sup>
- Dahlonega Gold Mines on July 7<sup>th</sup> (1<sup>st</sup> through 5<sup>th</sup> graders only)
- Mayfield Dairy Tour on July 13<sup>th</sup>

Parent's Signature \_\_\_\_\_

**Authorization to consent to treatment of minor:**

We, the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby authorize adult workers with children of the Buford First United Methodist Church as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the medical practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. We further assume all responsibility for the decisions so made and the emergency care or treatment so secured of my/our child. We understand that given proper time and circumstances, we will be notified by phone when treatment is needed. If time and circumstances do not permit, we will not be notified until after medical treatment.

Parent(s) or Guardian(s) Signature: \_\_\_\_\_