

HUDSON UMC EVENT-SPECIFIC PERMISSION FORM

(Items in italics to be completed by ministry leaders for each event hosted by the ministry under their oversight).

Event: _____
Location name & address

Date of Event: _____ Time of Event: _____
Include starting time & time of return .

What to bring:

Names & Phone Numbers of Leaders in Charge:

Name: _____ Phone: _____

Name: _____ Phone: _____

Return Bottom Portion to Church Group Leader/Event Coordinator.

I give permission for my child, _____, to attend

_____ with Hudson United Methodist Church

Name of event

_____ On _____ .

Name of church group/ministry

date of event

Telephone #'s where I can be reached while my child is attending this event:

Cell Number: _____

Other Number: _____

I give permission for my child, _____, to be transported

To _____ by _____ .

Location

approved event leader/event transporter

I have completed and submitted a 20__ – 20__ Hudson UMC Medical Release & Permission Form to the church group leader/event coordinator: yes _____ no _____

Parent Signature: _____ Date: _____