

FAITH UMC EVENT-SPECIFIC PERMISSION FORM

USE FOR OVERNIGHT EVENTS OR EVENTS HELD OFF CHURCH PROPERTY

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

Event:

Date of Event: Time of Event:

Include starting time & time of return .

What to bring:

Names & Phone Numbers of Leaders in Charge:

Name: Amy Ferguson Phone 330-704-6358

Name: Scott Sigman Phone: 330-316-2575

Return Bottom Portion to Church Group Leader/Event Coordinator.

I give permission for my child, _____, to attend

_____ with Faith 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 all included locations (listed above) by Safe Sanctuary trained Designated Transportation
(*Location*)

Provider, either in the church bus or private vehicles.

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

Parent Signature: _____ Date: _____