The United Methodist Church of Wellsboro
Permission for Off - Campus Events

Event_____ Location_____

Date(s)_____ Departure Time_____ Return Time_____

Cost_____ Items needed_____

Adults Supervising_____

I give my child/youth _____ permission to attend the above event.
Full Name

A current "Registration, Medical Information, Medical & Liability Release form" is on file at UMCoW
[ ] YES [ ] NO

Please update your form if there are any changes in medical insurance or information.

Signature of Parent/Guardian_____ **Date**_____

AVAILABLE CONTACT PERSONS (at least two):

Father_____ Phone_____

Mother_____ Phone_____

Step-Parent or Guardian_____ Phone_____

Other_____ Phone_____

Is your child currently under medical treatment? [ ] Yes [ ] No

If "yes" please explain_____

Is your child taking medication during this time? [ ] Yes [ ] No

If "yes" please explain_____