

NAME: _____ **Date Of Birth:** _____

CONTACT PHONE#1: _____ **CONTACT PHONE#2:** _____

Date: Sunday, January 27, 2018

I give permission for my above named child to join the youth group of First United Methodist Church of Germantown (FUMCOG) to:

Destination: Liberty Museum, Philadelphia Time: **12:30-4:30** Activity: **Tour Museum**

I understand that the group will be traveling with volunteer drivers, not on a bus.

I hereby release First United Methodist Church of Germantown (6001 Germantown Avenue, Philadelphia, PA), its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to an X-Ray examination, medical, dental or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of Pennsylvania, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

_____ All youth are required to have a Health History Form filed with FUMCOG, which outlines emergency contact and medical history information. Initial here if the information on that sheet has not changed. If there are any changes, it is your responsibility to complete a new form and submit it to the Associate Pastor.

Signature of parent/guardian _____ **Date** _____

NAME: _____ **Date Of Birth:** _____

CONTACT PHONE#1: _____ **CONTACT PHONE#2:** _____

Date: Sunday, January 27, 2018

I give permission for my above named child to join the youth group of First United Methodist Church of Germantown (FUMCOG) to:

Destination: Liberty Museum, Philadelphia Time: **12:30-4:30** Activity: **Tour Museum**

I understand that the group will be traveling with volunteer drivers, not on a bus.

I hereby release First United Methodist Church of Germantown (6001 Germantown Avenue, Philadelphia, PA), its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to an X-Ray examination, medical, dental or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of Pennsylvania, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

_____ All youth are required to have a Health History Form filed with FUMCOG, which outlines emergency contact and medical history information. Initial here if the information on that sheet has not changed. If there are any changes, it is your responsibility to complete a new form and submit it to the Associate Pastor.

Signature of parent/guardian _____ **Date** _____