

STREETSBORO 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: _____

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 Streetsboro United Methodist

(Name of event)

Church _____ 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 2017 – 2018 Streetsboro UMC Medical Release &

Permission Form to the church group leader/event coordinator: yes _____ no _____

Parent Signature: _____ Date: _____