

# Conshohocken United Methodist Church

20 West 6<sup>th</sup> Avenue (Corner of Fayette St. and 6<sup>th</sup> Ave.)  
Conshohocken, PA 19428  
(610) 828-1250

## TRIP/SPECIAL EVENT PERMISSION SLIP – SS Appendix K

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I, the undersigned, parent or guardian of the above named child(ren),  
give my permission for this child to go on a trip to:  
(Please Initial)

_____	_____	Trip:
Initials	Date	Purpose:
		Date:
		Time:

### **Emergency Contact:**

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Relationship \_\_\_\_\_

### **Medical and Health Insurance Information:**

Doctor's Name: \_\_\_\_\_ Tele# \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy No. \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Please describe any medical conditions, allergies, medications, social, behavioral concerns or special needs: \_\_\_\_\_

### **Photography Authorization**

Yes  No May we take pictures or video of your child(ren) for use on our website, newsletter, local newspapers or other media outlets?

I, the undersigned, parent or guardian of the child(ren), who is a participant of Conshohocken United Methodist Church, hereby give my approval for my child to be transported and participate in the activities on trip. I, the undersigned, assume the risks and hazards incidental in the nature of the trip. I, the undersigned, hereby for myself, my child, my heirs, executors and administrators, release, absolve, indemnify, and hold harmless the Conshohocken United Methodist Church, The United Methodist Conference, all volunteers and paid staff, for all injuries sustained or caused as a result of the program and all of its related activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_