

**Saint Joseph United Methodist Church
Student Ministries**

**Permission to Travel and Treat
September 1, 2011 to September 1, 2012**

I, _____, the legal parent/guardian of _____, give my permission for him/her to travel with the Saint Joseph United Methodist Church (SJUMC) Student Ministries (SM) whenever SM activities involve leaving the SJUMC facility.

I give permission for _____ to ride with an adult in their personal car or in a SJUMC van. I agree that any injury incurred while traveling or while participating in any SJUMC activity is not the responsibility of SJUMC or any supervising adult. I will not hold SJUMC or any attending adult representing SJUMC liable for any accidental injury.

In the event that an injury should occur, I give permission for my child to receive any necessary medical treatment. This treatment can include and is not limited to, transportation to a medical facility, consultation with a medical professional, and any measures deemed necessary by attending personnel.

Signature of parent/guardian

Date

Printed name of child _____ **Grade** _____

Printed name of parent/guardian _____

Address _____

Telephone _____ **Cell** _____

Medical Insurance Company _____

Medical Insurance ID# _____ **Group #** _____

Non-parental emergency contact:

Name _____ **Phone** _____

***** Please attach a copy of your child's medical insurance card. *****