



TRAVEL AUTHORIZATION FORM (F.06)

Your child will be attending a church sponsored activity and or service as follows:

Name of Activity/Ministry _____

Date _____

Time of Departure _____ Departure Location _____

Travel Destination _____

Mode of Transportation _____

Associated Cost _____

Return to the church by _____
(date)

In compliance with our Church’s Safety Policy we must have your written consent.

.....

I give my permission for my child _____ to attend the above
Name of child
identified church sponsored activity and or service.

Parent or Legal Guardian Signature

Date

EMERGENCY INFORMATION

| | | |
|--|-------|-------|
| <i>In case of emergency, please contact:</i> | | |
| _____ | _____ | _____ |
| Name/Relationship | | Phone |
| I also give permission for my child to receive medical treatment, in case of such an emergency | | |
| PLEASE LIST ANY AND ALL ALLERGIES: | _____ | _____ |
| _____ | _____ | _____ |
| MEDICATIONS: | _____ | _____ |
| _____ | _____ | _____ |
| DIETARY RESTRICTIONS: | _____ | _____ |
| _____ | _____ | _____ |

Please attach a copy of your insurance card and return with this permission slip.

Photography

There are occasions when photographs of your child may be taken by a volunteer associated with an event or Ministry. Your authorization to use a photo or photos of your child in a publication (brochures, newsletters, etc.) of St. Paul United Methodist Church is requested.

I, _____ (Parent/Guardian’s Name), parent/guardian of _____ (Child’s Name), that St. Paul United Methodist Church (SPUMC) is very proud of the work that participants contribute to events.. As such, SPUMC often takes photographs to document events for proposals, the website, brochures, and other media sources. I understand that my child’s full name, address, and biographical information will not be made public. I grant SPUMC and/or its designee the right to use my child’s image on the Internet, in brochures, and in any other medium and hereby grant irrevocable consent to such use, unless otherwise submitted in writing. I hereby release SPUMC, and/or its designee from any and all claims, damages, liabilities, costs, and expenses which I or my child now have or may hereafter have by reason of any use of my child’s image pursuant to this release. I understand that the provisions of this release are legally binding.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

If you refuse to grant permission as stated above, please complete:

Child’s Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Websites

The website for St. Paul United Methodist Church (www.stpumcmd.org) contains information regarding our ministries and events. This tool is used to help the community, members, and friends learn more about our program and activities. Anyone with Internet access is able to view these pages. Participant photos may be posted on our website to showcase events and activities. Names will not appear.