



Permission Form
Child Development Center (CDC)

Please complete the information below, allowing your child to participate in school-sponsored field trips and swimming outings, to be transported by the school's bus, public transportation and/or private vehicles of employees or program participant parents during UMCH program activities.

Statement of Consent
(Please print your responses.)

Name of Child: _____

Name of Parent/Guardian: _____

Address: _____
Street Apt. # City Zip Code

Telephone Number(s): H () _____ W () _____

C () _____

Name of Emergency Contact: * _____

**The emergency contact should be the same as is listed on the information card for the child.*

Emergency Contact Telephone: () _____

Release of Liability

As a parent or legal guardian, I acknowledge my responsibility for legal liability imposed on me as a result of any personal action taken by my child(ren). I also, for myself and my child(ren), release the United Methodist Community House from any liability for any accident, injury or property damage that may occur during a school-sponsored, educational field trip, that arises from any cause other than the sole negligence of the United Methodist Community House.

I hereby consent to the participation of my child(ren), named herein, in United Methodist Community House-sponsored educational field trips that may occur during regular programming. I understand that these events will take place away from the UMCH grounds and that my child(ren) will be under the supervision of designated UMCH employees.

I understand that a reasonable effort will be made to reach me if it becomes necessary to arrange emergency medical care for my child(ren) due to accident or illness. I further agree that if I am not available to give me permission and direction in rendering emergency medical treatment, such care may be arranged without further consent. I personally assume responsibility for any costs for such treatment not covered by insurance.

I acknowledge and consent to the conditions stated above.

Name of Parent/Guardian: _____
Please Print

Signature of Parent/Guardian: _____

Date Signed: _____/_____/_____