Farmingdale United Methodist Church

Volunteers for the Sunday Soup Group Project

Parental consent for volunteers 6th - 12th grade

I give permission for:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 to volunteer with the FU MC soup group from : ( *dates* ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the Farmingdale United Methodist Church. I will allow my child to participate only if he / she is in good health. In case of emergency, the adults in charge will make every effort to contact me or the emergency contact listed. **If I cannot be reached**, you have permission to take my child to a doctor or hospital by whatever means of transportation is available. I hereby authorize the doctor or hospital to administer medical treatment as needed.

Please print name & phone numbers

Parent /Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT do you need us to know for emergencies? Medical conditions, allergies, etc :

Please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please let us know if we can use photos of your child by checking approvals below:

Newspapers ?\_\_\_\_\_\_\_\_\_\_\_\_Display in Church \_\_\_\_\_\_\_\_\_\_\_\_ FUMC social media \_\_\_\_\_\_\_\_\_\_\_\_

THANK YOU for allowing your child to participate with us!

Parent / Guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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