



MilfordFirst
UNITED METHODIST CHURCH

Activity Permission Slip

Milford First UMC

In consideration of the benefits derived, and having full confidence that every precaution will be taken to ensure the safety and well-being of all participants,

I, _____ (print parent or guardian name), give my permission for

_____ (print name of participant) to participate in the following activity:

Event: Boundary Waters Spiritual Adventure Trip

Location: Ely, Mn

Date(s): June 30-July 10, 2023

I understand that I am responsible for the participant's transportation to and from the event or meeting place, unless other arrangements have been made. All participants must agree to follow all rules and regulations while at the event, including all recommended health and safety guidelines, and do their part to maintain a safe and judgment-free environment.

During the event, I can be reached at: _____ (cell phone number) or _____ (another number or email)

Other Emergency Contact: _____

(print name, cell phone number, and relationship to the participant)

In the event of an emergency, I give permission for the group leader to obtain medical treatment at the nearest hospital or doctor, at my expense, and in accordance with any medical restrictions I have included with this form.

Health Insurance Company: _____

Policy or ID Number: _____

Doctor (name, address, phone): _____



MilfordFirst
UNITED METHODIST CHURCH

Current Medications of Participant:

Participant Allergies:

Parent/Guardian Signature: _____

Participant Signature: _____

*****Please include anything else noteworthy for the group leader(s) concerning the participant on the back of this page.***