

OFFSITE ACTIVITY PERMISSION SLIP

I hereby give permission for _____ to participate in _____
Child's Name *Activity Name*

with _____ of the First Congregational Church of Georgetown. Transportation
Group Name

will be by: private automobile – van or bus – public transportation – other _____.
Circle all that apply

Departing _____ . Returning approximately _____
Date and Time *Date and Time*

Unless other arrangements are made, drop-off & pick-up will be at the 7 Andover St. Church property.

The Group Leader's names and emergency contact numbers are:

EMERGENCY MEDICAL TREATMENT:

I understand that every effort will be made to contact me in the event of an emergency. If I cannot be reached, I give permission to the EMT, physician, or hospital selected by the group leader to secure proper treatment. Treatment may include, but is not limited to, injection, hospitalization, anesthesia, and surgery. Please list any allergies, medical conditions, or treatment restrictions.

In most cases any medications will be held by the group leaders. Please list any medications, dosage requirements, and administration times.

Insurance information: Carrier: _____

Policy holder: _____ Policy number: _____

The emergency phone number where I can be reached is: _____

Signed: _____ Date: _____
Parent/Guardian

Both the Parent/Guardian and the Group Leader should retain a copy. Group Leader's copy will be secured in the Church office upon return.