



# Munford First United Methodist Church

57 South Tipton Street ♦ Munford, Tennessee 38058

(901) 837-8881 ♦ (901) 837-9225 fax

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I give my child, \_\_\_\_\_, permission

to participate in:

\_\_\_\_\_

with Munford First United Methodist Church.

Following is my:

Emergency Contact Phone Numbers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Currently under Doctor's care for the following medical condition(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication to be given:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Food/Medicine Allergies:

\_\_\_\_\_

I also give permission to the chaperones to seek emergency medical attention for my child should he/she deem it necessary. It is understood that in an event of a serious illness or injury, reasonable efforts to reach me will be attempted.

\_\_\_\_\_  
Parent/Guardian - Signature

\_\_\_\_\_  
Date