

OLD BETHEL UMC GENERAL TRIP PERMISSION FORM

I grant permission for _____ (Student Name)
to participate in the _____ (Trip
Name) on _____ (Trip Date).

Authorization to treat a minor: In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Old Bethel staff (Helene Foust) to secure proper treatment for my son/daughter.

Parent/Guardian

Signature _____ Date _____

Please indicate any existing medical conditions or special needs your student may have.

Student Behavior Acknowledgment

I understand that all students participating in this trip will be responsible in conduct to each other and to the adult sponsors at all times. I will be respectful of others, their property, and the property and rules of the places we visit. It is further understood that students are required to go and return from this event in the transportation assigned, unless prior arrangements have been made. I understand that if behavior becomes an issue, a parent will be called to pick me up.

Student

Parent