

**Aldersgate United Methodist Church**  
**MINOR ACTIVITY CONSENT FORM**

Activity: \_\_\_\_\_

Departure Date/Time: \_\_\_\_\_ Return Date/Time: \_\_\_\_\_

Leaving From: \_\_\_\_\_ Returning To: \_\_\_\_\_

Your Contact Person (not on the activity): \_\_\_\_\_

Group Leader/Phone: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Method of Transportation: \_\_\_\_\_

Cost: \_\_\_\_\_ Payment Deadline: \_\_\_\_\_

Adult(s) Accompanying the Group: \_\_\_\_\_

\_\_\_\_\_

Misc. To Bring: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Detach lower portion and return to church office**

**TRIP PERMISSION SLIP**

\_\_\_\_\_ has my permission to attend \_\_\_\_\_

\_\_\_\_\_

In the event of an emergency those adults supervising the group have my permission to seek medical attention as needed. I have completed the **Medical Treatment Release Form** and submitted it to the Leader in Charge of the group.

If there is a problem with my child's behavior, I can be reached at: \_\_\_\_\_.

If I can not be reached, please call \_\_\_\_\_ at \_\_\_\_\_.

My child may ride with an adult driver alone: Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
(Signature of parent or legal guardian)

\_\_\_\_\_  
(Date)