

Farmingdale United Methodist Church
Volunteers for the Sunday Soup Group Project
Parental consent for volunteers 6th - 12 grade

I give permission for:

_____ age _____
to volunteer with the FUMC soup group from : 9/1/2017 - 8/31/2018 at the Farmingdale
United Methodist Church . I will allow my child to participate if he/she is only in
good health. In case of emergency, the adults in charge will make every effort to
contact me or the emergency contact listed . **If I cannot be reached**, you have
permission to take my child to a doctor or hospital by whatever means of
transportation is available. I hereby authorize the doctor or hospital to administer
medical treatment as needed.

Please print name & phone numbers

Parent /Guardian _____ phone _____

Emergency Contact _____ phone _____

WHAT do you need us to know for emergencies? Medical conditions, allergies, etc :
Please list:

Please let us know if we can use photos of your child by checking approvals below:

Newspapers _____ Display in Church _____ FUMC social media _____

THANK YOU for allowing you child to participate with us!

PARENT/ Guardian signature _____

Date _____