



# First United Methodist Church

1750 Twentieth Street, Vero Beach, FL 32960 - Telephone: (772) 562-1900 - FAX: (772) 562-1970  
www.verobeachfumc.org

## PERMISSION FORM: Music Camp – July 9-15, 2007

Name of Child: \_\_\_\_\_ Birth date: \_\_\_\_\_

Age: \_\_\_\_\_ Phone No. : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip : \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_

Phone No. : \_\_\_\_\_ Work No. : \_\_\_\_\_ Cell No. : \_\_\_\_\_

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Work No. \_\_\_\_\_ Cell No. : \_\_\_\_\_

Legal Guardians'  
Employer: \_\_\_\_\_

I have insurance with: \_\_\_\_\_ Insurance No.: \_\_\_\_\_

List any prescription medicines your child takes on a regular basis:

\_\_\_\_\_

List any special medical condition, illness, allergy, or other problem your child may have:

\_\_\_\_\_

I, the undersigned legal guardian of \_\_\_\_\_ grant full permission to any physician or hospital to take any action deemed necessary in case of an accident or illness. I also grant full permission to transport my child in a church vehicle. All vehicles will be driven by properly licensed, United Methodist conference approved drivers. This permission is granted for July 9-15, 2007.

\_\_\_\_\_  
Parent or guardian's signature

\_\_\_\_\_  
Date