

# Wonderful Wednesdays

## Permission Form and Church Pick-up

Central United Methodist Church  
803 Wadsworth Street  
Radford, Va 24141  
Phone: (540) 639-3529

Name of Child or Youth: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Parent Cell# \_\_\_\_\_ Participant Cell# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Relationship to Child or Youth \_\_\_\_\_

Email: \_\_\_\_\_

Grade: \_\_\_\_\_

\_\_\_\_ Should my child be stricken in any way, accident, or otherwise, and in the opinion of the counselor in charge, should emergency treatment be required, you have my permission to seek immediate medical help, which in your judgment is competent, while my child/ youth is at Central United Methodist Church. I understand that the first course of action will be to contact me.

\_\_\_\_ I give permission for my child to be transported on a church bus or van, or a private vehicle if necessary.

- Belle Heth Elementary
- McHarg Elementary

\_\_\_\_ I give permission for photographs to be taken of my child.

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_