

Feed the Hungry Service Project
for 5th & 6th Graders
Sunday, January 31, 2010 1:20- 5:00 p.m.
Sponsored by Lawrence Free Methodist Church

(Each child participating MUST bring a completed form.)

Child's Name: _____ *Gender: M F*

Address _____

City _____ *State* _____ *Zip* _____

Parent(s)/Guardian(s) _____

E-mail _____

Parent/Guardian Section

I _____ (name of parent or guardian) give permission for my son or daughter, whose name is listed above, to go to the Youthfront Auditorium in Shawnee Mission, KS on Jan. 31, 2010. Should emergency medical treatment be necessary, I authorize any of the adult group leaders to act on my behalf and approve appropriate treatment. Furthermore, I also release the Lawrence Free Methodist Church, its leaders, employees, and volunteer staff from any liability in the event of any accident en route, during and returning from any of these events.

SIGNATURE: _____ DATE: _____
(parent or legal guardian)

Parent's phone number(s): Home: _____ *Cell:* _____

Health Insurance Company: _____

Policy number: _____ *Group number* _____

List any pre-existing or present medical conditions we should be aware of, including allergies.

Questions? Call Carolyn Heacock at 691-6644.

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