



First United Methodist Church
Summer Day Camp
217 South Church Street
Salisbury, North Carolina 28144
(704) 636-3121 (704) 433-6679

Summer Day Camp Transportation Forms

Name of Child (First) _____ (MI) _____ (Last) _____ (Nickname) _____

Special Field Trip Activities (Blanket Authorization)

Individual permission slips will be sent home for each activity. This authorization will only be needed if your child does not return their permission form for the trip and a staff member contacts you for verbal approval to participate in the activity.

I, _____ give my permission to First United Methodist Church of Salisbury Summer Day Camp Program to include my child in activities as long as I give verbal permission. Specific notation of the contact will be noted here by the staff member contacting for approval.

Parent/Guardian Signature _____ Date _____

Summer Day Camp Photographic Permission Form

During the course of the year, First United Methodist Church of Salisbury and the Summer Day Camp Staff will take photos/videos to use in special publications and/or projects. Please let us know if you give permission for your child to be included in these.

- I **give** permission for my child to be included in these photos/videos.
- I **do not give** permission for my child to be included in these photos/videos.

Parent/Guardian Signature _____ Date _____