

# M 2 M

Mission to our McKeesport Neighbors



## M2M MISSION TRIP

McKeesport, PA

July 27–31, 10-4:30 PM

Emergency leader numbers:

Alex 412-352-8876

Debbie 515-570-3950

Kathy 412-965-2013

### WHAT TO BRING:

Work boots or close-toed shoes, pants for work.  
work gloves, sunscreen

## Reach Student Ministries

Permission - Release Form

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY & ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_ GRADE/YEAR \_\_\_\_\_

I give permission for my above-named child to join the (1) First Evangelical Free Church of McKeesport on the (2) at/to (3) on (4). I understand that the group will be traveling by (5). I also understand that the cost of (6) includes (7). This cost does not include (8).

I hereby release First Evangelical Free Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination, medical, dental, or surgical diagnosis; treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

### \*SIGNATURE OF NATURAL PARENT OR LEGAL GUARDIAN

DATE \_\_\_\_\_ EMERGENCY PHONE NUMBER(S) \_\_\_\_\_

### MEDICAL INFORMATION (Required for Overnights)

ALLERGIES \_\_\_\_\_

MEDICATION BEING TAKEN-KIND(S) & NUMBER OF TIMES A DAY \_\_\_\_\_

PHYSICAL HANDICAPS OR LIMITATIONS \_\_\_\_\_

MEDICAL INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ MEMBERS' NAME \_\_\_\_\_

(1) NAME OF GROUP First Evangelical Free Church—Reach Student Ministries

(2) NAME OF ACTIVITY M2M Mission Trip

(3) LOCATION (PLACE, CITY, STATE) McKeesport, PA

(4) DATES AND TIMES July 27-31, 10-4:30 PM

(5) TRAVELING BY: Church vans and leader cars

(6) COST \$20 CASH CHECK \_\_\_\_\_ PAYABLE TO FEFC

(7) INCLUDED IN COST Lodging, transportation and food

(8) NOT INCLUDED IN COST extra snacks

(9) I WOULD LIKE TO GIVE ABOVE AND BEYOND \_\_\_\_\_

(10) SPECIAL INSTRUCTIONS \_\_\_\_\_

(11) MISSION GROUP LEADER'S NAME(S): \_\_\_\_\_

Please sign permission slip, tear off and return as soon as possible.