



Floresville United Methodist Church
P.O. Box 217
Floresville, TX 78114

PARENT/GUARDIAN CONSENT FORM

I, _____ am the parent or legal guardian of _____ (hereinafter "my child"), and I am informed of the activities offered by Floresville United Methodist Church located at 4th & B Street in the City of Floresville, County of Wilson, and State of Texas, beginning on the day of _____ and ending on the day of _____.

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by this CHURCH, specifically

SIGNED: _____ Date: _____

Phone numbers where a parent or guardian can be reached ___/___/___ or
_____/_____/_____

Additional Information: _____

My Child is to be excluded from the following activities: _____
