

First United Methodist Church

310 S. Main Street - Lexington, NC 27292 - 336-248-2886

Children's Ministries Consent and Release Form

School Grade _____ (if applies)

Name of Child _____ Age _____ Birthdate __/__/__

Name of Parents/Guardians _____

Address _____

Phone Home: _____ Cell: _____ texting ok? **Y or N**

Email: _____

In case of emergency, who can we contact?

1. Name _____ Relationship to Child _____

Phone Home: _____ Cell: _____ texting ok? **Y or N**

2. Name _____ Relationship to Child _____

Phone Home: _____ Cell: _____ texting ok? **Y or N**

Medical Information

Is your child presently being treated for an injury or sickness, or taking any medication? **Y or N**

If yes, please specify _____

Does your child have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? **Y or N**

If yes, please specify _____

Does your child have any known allergies? **Y or N**

Please list allergies _____

Is there any other information you'd like to share with us?

(PLEASE TURN OVER TO COMPLETE THE FORM)

Consent and Certification

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in the activities sponsored by First United Methodist Church. I certify that my child is physically fit and adequately prepared to participate in children's activities.

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the providing of necessary medical services in the event that my child is injured or becomes ill. I authorize *one or more of the following persons to make emergency medical care decisions on behalf of my child, if required by law or a health care provider:

*List authorized persons _____

or another adult volunteer designated by the pastor of First United Methodist Church. I authorize these persons to act in my place to consent to all necessary and appropriated x-ray examinations, anesthetic, medical or surgical diagnosis, or treatment, and hospital care.

I understand that First United Methodist Church will not be responsible for medical expenses incurred solely on the basis of this authorization. I also understand that the designated adult volunteers reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Signature of Parent/Guardian _____ Date _____

Media Authorization and Release

I authorize First United Methodist Church the right to take photos of my child and release such photos without my child's name to be used for publicity in:

- ◆ First United Methodist Church Printed Materials _____ (Parent/Guardian Initials)
- ◆ First United Methodist Church Website _____ (Parent/Guardian Initials)
- ◆ First United Methodist Church Facebook Page _____ (Parent/Guardian Initials)