



2025-2026 KIDS' MINISTRY ANNUAL CONSENT

KID'S INFORMATION

PRINT Full Name of Child _____
has my permission to attend CUMC Kids' Ministry activities.

Age: _____ Birthday: _____

School: _____ Grade: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

PARENT/GUARDIAN INFORMATION

Parent Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Address (if different from Kid's Information): _____

Parent Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Address (if different from Kid's Information): _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Email: _____

☐ In the circumstance that above Parents/Guardians are unable to be contacted, this adult can be contacted in the case of an emergency.

TRANSPORTATION PERMISSION

The undersigned does also hereby give permission for my child to ride in any vehicle driven by approved and licensed adult chaperones while attending and participating in activities sponsored by Carlisle UMC. My child and I understand that SEAT-BELTS MUST BE WORN AT ALL TIMES during transportation.

SOCIAL MEDIA PERMISSION TO RELEASE

I give permission for my child's photograph (still or video), artwork, written work, voice, verbal statement or portrait to appear in Carlisle UMC's printed and/or electronic publications (including but not limited to brochures, website, videos, etc) and in third-party media outlets (including but not limited to newspapers, magazines, websites) for the purposes of public relations, public information, church promotion, publicity, and instruction. Such publications may or may not personally identify your child. The Parent/Guardian further understands and agrees that no monetary consideration shall be paid; that consent and release have been given without coercion or duress; that the aforementioned media may be used in subsequent years and that this agreement is binding upon heirs and/or future legal representatives.

_____ I give permission _____ I do not give permission

EVENTS PERMISSION & MEDICAL RELEASE

I give permission for my child to take part in all Carlisle UMC Kids' Ministry events and activities. I hereby release Carlisle UMC and its staff from responsibility and liability for any injury or illness that my child may sustain during any activities. In an event of an emergency, I hereby authorize the adult supervisor of this activity as agent for me to consent to any medical, dental, surgical, treatment and care deemed necessary by a licensed medical or dental professional. I consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician, dentist and/or surgeon licensed under the Medical Practice Act and Dental Practice Act for my child. I expect to be notified as soon as possible. I agree to keep current contact information on file with Carlisle UMC. I further agree to pay all charges for the medical, dental or hospital care or treatment.

_____ I give permission _____ I do not give permission

List any ALLERGIES, MEDICAL CONCERNS, or RESTRICTIONS the CUMC Kids' Ministry needs to know about:

List any MEDICATIONS or PRESCRIPTIONS the CUMC Kids' Ministry needs to know about:

List any DISABILITY the CUMC Kids' Ministry needs to know about:

CONSENT SIGNATURE

The CUMC Kids' Ministry wants to connect with all of the kids and families who are part of our ministry in the best way possible. For this reason, we have an annual medical and release form that allows you to fill out for one kid per form for the current calendar year. You will have additional form(s) to fill out for event permission to release when off-site activities happen in the CUMC Kids' Ministry. The information provided is a supportive part in the spiritual, emotional, physical, and psychological growth of your kid in the ministry.

Parent Signature: _____ Date: _____