

**First United Methodist Church  
Children's Information & Medical Release Form**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian  
Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent's email: \_\_\_\_\_

Phone Number (Home) (\_\_\_\_) \_\_\_\_\_ Mother's Cell Phone: (\_\_\_\_) \_\_\_\_\_

Phone Number (Work) (\_\_\_\_) \_\_\_\_\_ Father's Cell Phone: (\_\_\_\_) \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

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**Emergency Contact Person:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (Home) (\_\_\_\_) \_\_\_\_\_ Phone Number (Work) (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

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**Insurance Information:**

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

In whose name is the insurance? \_\_\_\_\_

Family Doctor \_\_\_\_\_ City \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Dentist Name & Phone \_\_\_\_\_

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**Health History:**

Pre-existing or present medical conditions: \_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_

*(Please attach additional health information if necessary)*

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Please list names of other drivers (adult or youth) who are allowed to pick up your son or daughter.

\_\_\_\_\_

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## Medical Permission and Liability Release Form August 2017-August 2018

We (I) the parent(s) or legal guardian(s) of \_\_\_\_\_ hereby grant our (my) permission for him/her to participate fully in events and activities sponsored by First United Methodist Church, Newton, NC during the period of August 2017-August 2018.

Authorization and permission is hereby given to First United Methodist Church, Newton, NC to furnish any necessary transportation, food, and lodging, for this participant during excursions and activities.

We (I) understand all safety precautions will be taken at all times by First United Methodist Church, Newton, NC and its agents during all events and activities. We (I) understand the possibility of unforeseen hazards and know the inherent possibility of risk. We (I) agree not to hold First United Methodist Church, Newton, NC, its leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the participant who is the subject of this form. Furthermore, we (I) hereby assume all risks for personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

We (I) understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event we (I) cannot be reached or the alternate contact person cannot be reached in an emergency we (I) hereby give our (my) permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to an injection, anesthesia, or surgery for our (my) child as deemed necessary.

We (I) understand that our (my) insurance coverage for our (my) child we will be used as primary coverage in the event medical intervention is needed. Coverage by First United Methodist Church, Newton, NC can be used as a backup policy only if the accident or injury takes place on the church property.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we (I) hereby assume all transportation costs.

\_\_\_\_\_  
Father (Date)

\_\_\_\_\_  
Mother (Date)

**We (I) give permission for my child's picture to be taken and possibly used in First Methodist Church publications. These publications could be printed, on the church web-site or on the church's Facebook page.**

\_\_\_\_\_  
Father (Date)

\_\_\_\_\_  
Mother (Date)

**\*Both parents must sign unless parents are legally separated or divorced in which case the custodial parent must sign.**

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