

FUMC TEMPLE YOUTH PROGRAM

Consent and Release Form

Valid March 2018-March 2019

Consent To Medical Treatment

By my signature below, I authorize any representative of First United Methodist Church of Temple, who is supervising church activities to consent to emergency medical treatment of my minor child's illness or injury that may occur while my child is participating in church activities. I authorize emergency transport of my child by available emergency medical services.

Child's Name: _____

Current Medications: _____

Known Allergies: _____

Insurance Information: _____

Parent Name (Print): _____

Parent Name (Signature): _____ Date: _____

Consent to Photo Release

By my signature below, I authorize First United Methodist Church, Temple, to reproduce an unnamed photo of my child for the purpose of church publicity and promotional materials. Such photos may be used in printed publications, local newspapers, or on the church website/Facebook/Instagram account.

Parent Name (Print): _____

Parent Name (Signature): _____ Date: _____

Church Transportation Permission

By my signature below, I give consent for a representative of First United Methodist Church, Temple, to transport my child in church-owned, or church-provided, vehicles as is necessary for his/her participation in church activities.

Parent Name (Print): _____

Parent Name (Signature): _____ Date: _____

Please notify FUMC if there are changes throughout the year so that we may have updated information for your family! Thanks!