

Martha Bowman United Methodist Church

Parent/Legal Guardian Waiver and Release

Last Name: _____ First Name: _____ M.I. _____

Birth Date: _____ Grade: _____ School: _____

Address: _____ City _____ State: _____ Zip: _____

Home Phone: _____

Name(s) of Parent(s)/Legal Guardian: _____

Work Phone: _____ Cell: _____

Work Phone: _____ Cell: _____

Emergency Contact (other than parent/guardian): _____

Relationship to Student: _____ Home Phone: _____

Work Phone: _____ Cell: _____

Medical Insurance Co. _____ Policy #: _____

Insurance Phone: _____ Policy Holder's Name: _____

Please attach a copy of your child's insurance card with this form.

Is your child allergic to medications or food? Please list all medications and how often they are to be given: _____

Does your child have any special medical or diet needs? Please explain below: _____

I/We _____ give permission for my child _____

to participate in the events of Martha Bowman Memorial UMC. I will not hold Martha Bowman Memorial UMC, or their agents, Trustees, the administrators, employees, or adult chaperones responsible for accidents that might occur. I also authorize the Martha Bowman staff to provide medical treatment, which might be required due to sickness or accident(s). Martha Bowman is not responsible for iPods, cameras, phones or any other items not listed on the packing list.

Your signature releases permission to Martha Bowman to use pictures of your child in future brochures, promotional videos, and on the church website. Please check "NO" if you do not want our child appearing on any promotional materials for Martha Bowman United Methodist church. NO

Signature of Parent or Legal Guardian

Date