

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). 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**

The Mother's Morning Out and Preschool program of Martha Bowman UMC is not a licensed daycare nor is it required to be by the state. We are a half-day program that qualifies and operates as exempt from state licensing through Bright from the Start. Our program does adhere strictly to all local building, zoning, and fire regulations. Background checks are performed on all employees and all employees are CPR certified. We adhere strictly to all Safe Sanctuary Procedures of Martha Bowman UMC and the United Methodist Church as defined in our handbook.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date