

**Medical Release & Permission Form for Children's Activities at  
First United Methodist Church – Americus, GA**

Effective Dates: August 2016 – August 2017

*This form gives parental/guardian permission for the child listed below to participate in activities that include, but are not limited to: Sunday School, Children's Church, Bible Studies, Children's Choir, GLOW, Fellowship Activities, Vacation Bible School, and Music Camp. Other single-event permission slips may be required for other activities, especially those that may not take place on the premises of FUMC Americus.*

*Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church's children's director prior to the event.*

**CONTACT INFORMATION**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Parents/Guardians' Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact's Phone Number(s): \_\_\_\_\_

**DISMISSAL INFORMATION**

Who may pick up your child at the end of each event? \_\_\_\_\_

**PHOTOGRAPHY INFORMATION**

May we have permission to photograph your child?

Yes                      No

May we have permission to use your child's photograph for the purpose of promotion (i.e., on Facebook or the church website?)

Yes                      No

**MEDICAL INFORMATION**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, limitation, disability, or condition to which your child is subject and to which we should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach to this form. Include names of medications and dosages that must be taken. All information is confidential.

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

*Please review the following questions. If necessary, attach an additional page with details.*

(1) Does your child have any allergies (i.e. pollens, medications, food, insect bites, etc.)?

Yes                      No

*If yes, please describe allergy and treatment:* \_\_\_\_\_

\_\_\_\_\_

(2) Does your child suffer from, or has he/she ever experienced, or is he/she being treated currently for any of the following:

*Asthma                  Epilepsy / seizure disorder                  Heart trouble                  Diabetes*  
*Frequently upset stomach                  Physical handicap*

(3) Does your child wear: *Glasses      Contact lenses*

(4) Should this child's activity be restricted for any reason?

Yes                      No

*If so, please explain:* \_\_\_\_\_

Please list and explain any major illnesses the child has experienced during the past year:

\_\_\_\_\_  
\_\_\_\_\_

List medications currently being taken: \_\_\_\_\_

**CHILD’S CODE OF CONDUCT AND COVENANT**

I, \_\_\_\_\_, promise to have F.U.N.!

- FOLLOW THE LEADER: I will listen to and follow the directions and instructions given to me by my adult leaders.
- USE YOUR MANNERS: I will respect my teachers/leaders, my friends, and myself. I will be kind and considerate and treat others the way I want to be treated.
- NEVER STOP LEARNING: I will, whether we are playing or having a lesson, never be afraid to ask questions about God, life, or the world.

Child’s Signature: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

(Child’s Name) \_\_\_\_\_, has my permission to attend and participate in the children’s ministries activities at First United Methodist Church – Americus, GA. I the undersigned have legal custody of the student named above, a minor, and have given consent for him/her to attend these activities. This consent form gives permission to seek whatever medical attention may be deemed necessary, and releases FUMC Americus, and its adult leaders of any liability against personal injury or losses of named child. I understand that even though volunteers and leaders will be doing everything they can to keep all participants safe, there are inherent risks involved with any event, and I hereby release the Church, its pastor, employees, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child’s involvement. In the event that he/she is injured and requires attention of a doctor, I consent to any reasonable medical treatment deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider or if I do not carry any health insurance. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the ministers, volunteers or staff members.

Parent/Guardian’s Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_