

Children's & Youth Ministry Participant Information & Medical/Media Release Form

Name of Student _____ Date of Birth ____/____/____

Grade _____ School Attending _____

Parent/Guardian Name(s) _____

Address _____ City _____ State ____ Zip Code _____

Parent's email _____ Student's email _____

6th grade and older: Student's Cell Phone (____)____-____ Text? Yes No (circle one)

Parent's Cell Phone: (____)____-____ Parent's Cell Phone (____)____-____

Emergency Contact Person:

Name _____ Relationship _____

Address _____ City _____ State ____ Zip Code _____

Phone Number (Home) (____)____-____ Phone Number (Work) (____)____-____

Cell Phone (____)____-____

Insurance Information:

Name of Insurance Company _____

Policy Number _____ Group Number _____

In whose name is the insurance? _____ Relationship _____

Family Doctor _____ City _____ Phone Number (____)____-____

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)

Other:

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

Children's & Youth Ministry Participant Information & Medical/Media Release Form

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 July 2019-July 2020.

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. *Transportation may be in the church bus or in an Approved Adult's personal vehicle. All Approved Adults are 21+, have passed a background check (including DMV check), and have taken Safe Sanctuaries Training. The church insurance policy covers these persons/vehicles used for approved church activities. We will inform you in advance when using Approved Adults for transportation.

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.

Parent Signature (Date)

Parent Signature (Date)

Media Release

We (I) give permission for pictures/videos of my child to be taken and possibly used in First Methodist Church publications. These publications may be printed, on the church website, or on the church's social media. We will abide by the Safe Sanctuaries guidelines for media use.

Parent Signature (Date)

Parent Signature (Date)