



CHILDREN’S AND STUDENT MINISTRY

TRAVEL, HEALTH, MEDICAL AND PHOTO RELEASE AND CONSENT FORM

SEPTEMBER 1, 2015 – AUGUST 31, 2016

STUDENT INFORMATION:

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_
Sex: \_\_\_\_\_ Cell: \_\_\_\_\_ Home Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_
Employer: \_\_\_\_\_ Work: \_\_\_\_\_
E-mail Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_
Employer: \_\_\_\_\_ Work: \_\_\_\_\_
E-mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

STUDENT HEALTH INFORMATION: \*\*\* PLEASE PROVIDE A COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD\*\*\*

Physician’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ Health Insurance Company: \_\_\_\_\_

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

Please list ALL allergies: \_\_\_\_\_

Describe specific treatment (if any) that is required for allergies: \_\_\_\_\_

List ALL current prescription and over the counter medications: \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

Please list any other special information or instructions: \_\_\_\_\_

Do you give permission for Adult Leaders, Chaperones and/or other Adult Representatives of First United Methodist Church to administer over the counter medications? [ ] YES [ ] NO

My child is physically fit and has the necessary skills to participate. [ ] YES [ ] NO



TRANSPORTATION AND MEDICAL RELEASE AND CONSENT FORM:

I/We, as parents or legal guardian(s) of \_\_\_\_\_, have given permission for him/her to be involved in the Children's/Student Ministry activities of First United Methodist Church. I/We understand that involvement in these activities may require transportation in church owned vehicles operated by approved, licensed, and insured drivers of the Florida United Methodist Conference.

In the event of any injuries or illness, I/we give permission to the licensed physician selected by the adult and/or designated representative of First United Methodist Church Children's/Student Ministry event/activity to order routine tests, x-rays, and/or any other treatments deemed necessary by the licensed physician for my child who is named above.

In the event of an emergency, of which I/we cannot be reached, I/we hereby give permission to the physician selected by the adult and/or designated representative of First United Methodist Church Children/Student Ministry to hospitalize, secure proper treatment for, to order injections and/or anesthesia and/or surgery for my child who is named above.

Further, I/we agree to hold such persons harmless of any claims, demands, or suits for damages arising from the prudent giving of such consent under the supervision of a licensed physician.

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

PHOTO RELEASE:

By participating in any event or activity I agree that photographs and/or video may be taken of First United Methodist Church Children's/Student Ministry participants during events, activities, and classes by First United Methodist Church's staff members, professional photographers, news media or volunteers.

I waive the right to see or approve any publications that contain photographs and/or video of my child. I release First United Methodist Church and its representatives from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs and/or video of my child. I give First United Methodist Church and its representatives permission to use photographs or video that include my child in any and all media products for promotion, art, advertising, editorial or other purpose. This may include but is not limited to newsletters; both print and email, posters, brochures, ads, post cards and web pages.

I certify that I have read the above authorization, release, and agreement, and fully understand what this document says.

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

