

# Children's Activities Permission Form

## First United Methodist Church The Colony

This document will be valid and in full effect from date of signature; parents are responsible for providing any updates to group leaders.

CHILD'S NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ Grade Level \_\_\_\_\_

PARENT'S/GUARDIAN'S NAMES \_\_\_\_\_

PARENT/GUARDIAN EMAILS \_\_\_\_\_

EMERGENCY PHONE NUMBERS: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

I GIVE PERMISSION FOR MY CHILD \_\_\_\_\_ TO JOIN THE CHILDREN OF THE COLONY UNITED METHODIST CHURCH, IN ANY OF THE ACTIVITIES OR TRIPS SPONSORED BY THE CHURCH, ITS STAFF AND SPONSORS. I GIVE MY PERMISSION TO ENGAGE IN ALL ACTIVITIES EXCEPT AS NOTED ON THE BACK OF THIS FORM.

I EXPECT THE CHILDREN'S LEADERS TO DO THEIR BEST IN MAINTAINING A SAFE ENVIRONMENT FOR ALL THE CHILDREN. I HEREBY RELEASE THEM FROM RESPONSIBILITY AND LIABILITY FOR ANY ILLNESS OR INJURY THAT MY CHILD MAY SUSTAIN DURING CHILDREN'S ACTIVITIES. IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE AN ADULT LEADER OF THIS ACTIVITY AS AGENT FOR ME.

I ALSO GIVE PERMISSION FOR PHOTOGRAPHS OR VIDEO OF MY CHILD TO BE USED BY THE CHURCH FOR PROMOTIONAL OR OTHER PURPOSES.

PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

# Medical Release Form/ Permission to Treat

Name of Church: **First United Methodist Church The Colony**

City/State: The Colony, TX

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

Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex (M/F): \_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone:(\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_) \_\_\_\_\_

Secondary contact to notify in event of emergency: \_\_\_\_\_

Their relationship to youth: \_\_\_\_\_ Their phone:(\_\_\_) \_\_\_\_\_

Please supply ALL of the following information. *Attach a copy of your insurance card.*

Medical Insurance Co.: \_\_\_\_\_ Group# \_\_\_\_\_

Policy#: \_\_\_\_\_ Company's address: \_\_\_\_\_

Company's Phone:(\_\_\_) \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone:(\_\_\_) \_\_\_\_\_

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions (Allergic to certain meds, rare blood type, wears contact lenses, etc.):

List ALL medication taken on a regular basis:

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

**Emergency Authorization** - I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither a youth's primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to my child/custodian as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company.

In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_